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ABSTRACT

This publication offers a portrait of poverty in San Antonio (Texas) based on an analysis of available statistical data and focusing on health, education, employment, housing, and human services. Five chapters each contain statistics regarding poverty in the United States, Texas, and San Antonio. Each chapter also begins with true stories about the poor in San Antonio telling about their lives, and ends with a section on community response. Chapter 1, "Health," covers the uninsured, the health status of San Antonio's poor, teenage pregnancy, accessibility of health care services to the poor, and health and culture. Chapter 2, "Education," describes early education, public education, dropouts in San Antonio, college aspirations, and literacy. Chapter 3, "Employment," considers the working poor, income and wages, employment, unemployment, economic trends, and job training programs. Chapter 4, "Housing," looks at housing conditions, the federal response to housing conditions, local response to housing conditions among San Antonio's poor, public housing developments, and the homeless. Chapter 5, "Human Services," details Aid to Families with Dependent Children, other income-related public assistance programs, personal social services in San Antonio, barriers to recipient utilization of human services, and funding dilemmas. A final section summarizes the challenges facing the city. Twenty-five figures, 21 tables, and 149 references are included. (JB)

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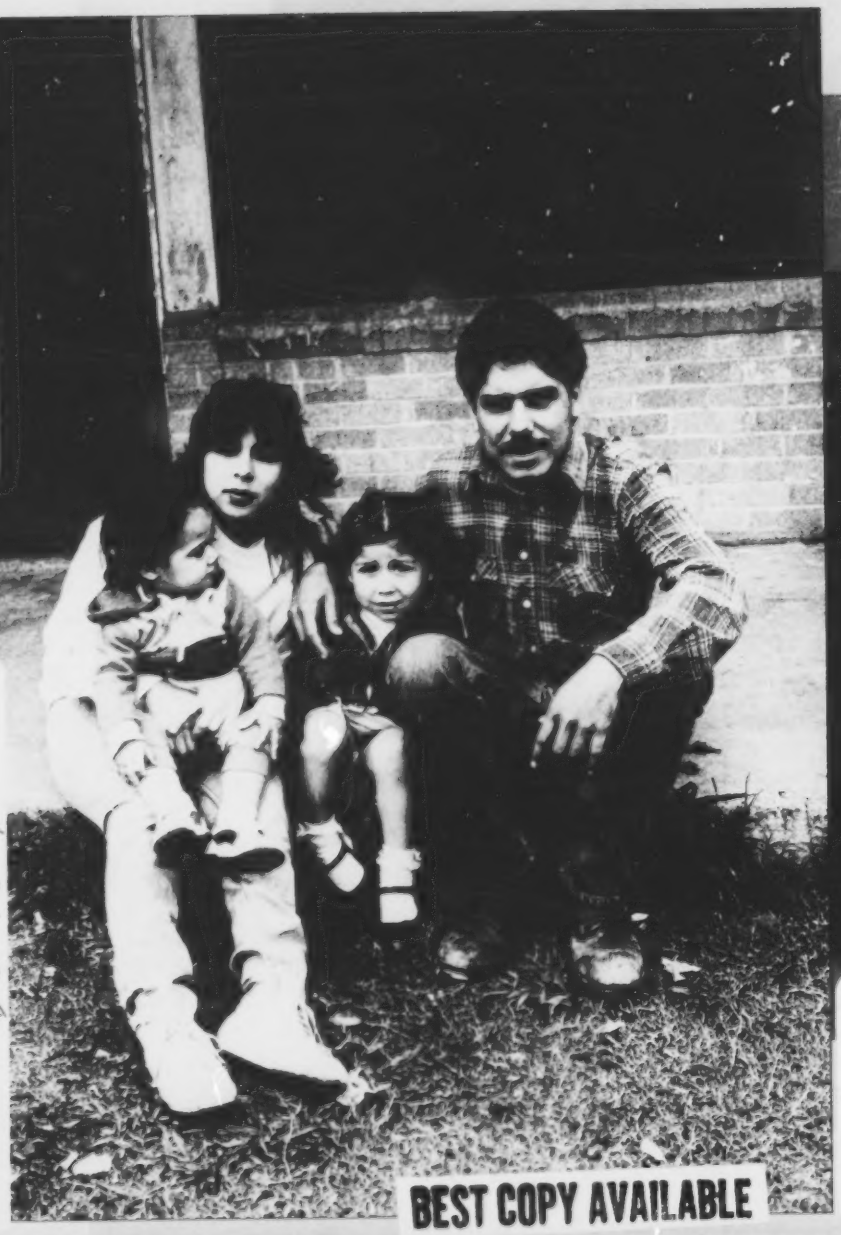

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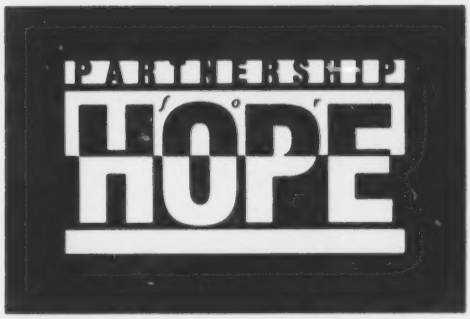
A REPORT ON SAN ANTONIO



Improving Life Circumstances for Those in Poverty

Partnership for Hope
San Antonio, Texas
August 13, 1991

Mission Statement

The mission of Partnership for Hope is to make the San Antonio community aware of the human and economic cost of poverty and challenge its leaders to commit themselves to dramatically reduce poverty in this generation. Our commitment is to forge partnerships and to work together as a community to bring hope for a better future to those in persistent poverty and improve their life circumstances.

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3737 Broadway, Suite 100
San Antonio, Texas 78209
(512) 826-HOPE

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To the Community

San Antonio is the 10th largest metropolitan city in the United States. Recognized for its history, strong cultural influences, beauty and warmth of its people, San Antonio is justly proud of its many accomplishments. However, the reality is that in the midst of its bounty and charm, San Antonio faces poverty and startling social deficiencies with implications that can and will adversely affect the city unless corrective actions are taken.

The purpose of this report is not to alarm, but to inform San Antonians about poverty in our city. An informed approach can help clarify the nature of poverty, outline its multiple effects, and lead to a concerted effort to reduce its negative impact on our community. To begin this effort, we must take a close look at San Antonio's demographic realities and honestly examine our city from several dimensions, including our human infrastructure, our ethnic diversity and our economic disparities. We must examine the everyday circumstances of families in the context of the relevancy and efficiency of the social services provided in San Antonio.

Partnership for Hope wants to provide policy makers, community leaders, human service providers, city planners, and the business community with a picture of what our city looks like today and what we will look like tomorrow, unless we all begin now to address the reality of poverty in San Antonio.

While the demographics in this report clearly portray San Antonio's statistical reality, the next step is critical: how we will deal effectively with poverty in our city. In order to initiate a community dialogue on poverty, Partnership for Hope brought together a multi-layered cross-section of individuals who collectively developed the community response for each chapter of the report. We hope our publication will serve as an educational tool for the entire community. This report is the starting point for our work.

We challenge you to use this information in a constructive and comprehensive manner and to join us in improving the life circumstances of the persistently poor, and thus the quality of life for every resident of San Antonio.

Sincerely,

Dr. Louis J. Agnese
Chair, Board of Directors

Choco Gonzalez Meza
Executive Director

Acknowledgments

On behalf of Partnership for Hope, I want to express my deep appreciation and gratitude to the many individuals responsible for the production of this report. The most gratifying experience of this laborious effort was to witness the level of commitment offered by so many individuals with vast human service, community, civic, political, and business experience so we can all understand better the phenomenon of poverty and to create the changes needed to build a stronger San Antonio.

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With deep respect and gratitude,

Choco Gonzalez Meza
Executive Director

Executive Summary

Some San Antonians consider poverty an isolated problem, one that does not affect them in any way. Yet our city's poverty rate of 21 percent affects us all. It weakens our economy and our quality of life. Anyone who has been unable to move up in a career in San Antonio, who has left the city for better employment prospects, or who has lost a business or job because there just aren't enough customers has been affected by poverty.

Poverty must be approached from many different angles, and it must be addressed in a manner worthy of its magnitude and costs.

Others have accepted poverty out of frustration, convinced there is no answer to solving the problem. In a sense, they are right. There is no one answer to poverty. Poverty must be approached from many different angles, and it must be addressed in a manner worthy of its magnitude and costs. Isolated successful model programs can make a good start toward reducing poverty, but only a long-term comprehensive commitment will ever solve the problem.

Some of the most effective programs have been surprisingly simple and even inexpensive, but the resources to make these initiatives universal often do not exist. When a young family is denied the support it needs to raise bright and productive children, everyone loses. The expense of prevention is usually far less than the price of correction. And preventive measures are often more effective, too.

Our city's future is being written right now. Children are our poorest citizens, and unless we act in their best interests, San Antonio will not have the educated, healthy and independent citizens it needs to participate in the world of tomorrow. Unless we ensure that all our children can meet the challenges from around the globe, a great many of them will be lost, and if they are, we and our children will pay.

When a young family is denied the support it needs to raise bright and productive children, everyone loses.

Poverty begins even before birth. Census tracts in Bexar County with median incomes below the poverty level have higher infant mortality and low birthweight rates than the rest of Bexar County. Teen pregnancy is another important factor in infant health as well as an influence on the future of the child's parents, and consequently on their child. While the percentage of all births by teens has decreased in Bexar County since 1980, the percentage of teens having babies has increased. More important, since 1980 the percentage of babies born to teens who are single has risen significantly.

To deal with these and other health issues, local institutions offer health services to the poor in Bexar County. However, an accurate assessment of the services they provide compared to the need of the indigent is difficult to ascertain. One indication of a service gap is that the federal food supplement program for poor mothers with infants (WIC) reaches just 23 percent of all eligible recipients in Bexar County, compared nationwide to 50 percent of all eligible mothers and young children.

Through legal action, Texas' school financing structure has been redesigned to equalize the resources available to all the state's school

children. Although the effectiveness of the new financing system remains to be seen, at least the reality that students cannot be expected to perform equally without equal resources is at last being addressed. In addition to school funding, other issues must be dealt with to improve school performance. Twenty-nine percent of all school-age children in San Antonio are poor, often enduring inadequate health care, substandard and overcrowded housing as well as unemployed or working poor parents, conditions that can profoundly affect a child's academic progress.

Poverty in San Antonio is not equally distributed geographically, resulting in economic polarization with serious ramifications on the resources available for students in various districts. The new school funding system approved earlier this year may address some of these inequities. Poverty among families and the disparity in wealth between districts are two factors influencing the dropout rate. Generally, the poorest districts have higher dropout rates. In Bexar County more than a third of all ninth-graders in public schools do not graduate.

Twenty-nine percent of all school-age children in San Antonio are poor.

Considering the failure of students, schools and the community to build a foundation of learning during the pupil's formative years, it is not surprising that the quality of San Antonio's work force suffers from high levels of illiteracy. Nearly a fourth of all adults in San Antonio are functionally illiterate, unable to apply basic reading, writing and computational skills to their everyday lives.

Many of the recent casualties of poverty are the working poor. Most of San Antonio's poor work, but their low wages keep them from escaping poverty. San Antonio's average family income is the lowest among the largest 50 metropolitan areas in the country. We also have a significant income gap between the richest and poorest fifth of our citizens.

Minorities in San Antonio earn less and are more likely to be unemployed than whites. Given the outlook for San Antonio's business growth, the local wage scale and employment figures are not likely to change. Projections suggest an increased concentration of jobs in the service and trade sectors, traditionally lower-paying employment. The future of the city's economy, however, is likely to be affected by the impending free trade agreement with Mexico and by the decreased role of the military presence in San Antonio. How the city responds to these major trends will have a powerful impact on the poor and the economy as a whole.

Most of San Antonio's poor work, but their low wages keep them from escaping poverty.

Higher wages depend partly upon a more skilled work force. Recently, considerable criticism has been directed at San Antonio's main job training institution. An aspect of local job training providers that may deserve further examination is the method of instruction. Integrated basic skills and employment training, and comprensive and convenient services like on-site child care, are proven concepts which have been successful elsewhere.

Low wages lead to poverty, and often create critical housing difficulties. San Antonio's poor live in unaffordable housing that is far more overcrowded

About 16,000 households in San Antonio are on waiting lists for government housing assistance.

and substandard than the national average. The status of low-income housing is attributable in no small way to the federal government. Reductions in rental assistance and financing for low-rent privately owned units has squeezed the poor nationwide and in San Antonio as well.

About 16,000 households in San Antonio are on waiting lists for government housing assistance. Among those who now receive assistance are residents of public housing developments. Others get subsidies for privately owned housing. For the project residents, however, crime can be a constant worry.

For those who have nowhere to turn, San Antonio's streets and homeless shelters may be the only place to get a night's sleep. San Antonio's homeless population, consisting primarily of families has increased dramatically here in the past two years.

Human service agencies have tried diligently to cope with the consequences of poverty. Yet, many programs are criticized as a waste of money or even as a cause of poverty. For instance, welfare is accused of causing poverty by reducing a parent's willingness to work, so this system is often unpopular and just as often misunderstood. The poor suffer for the misperceptions of other citizens.

Barriers can keep families from receiving the assistance they need. Cultural insensitivity, inconvenience and lack of coordination between providers are among the factors at fault. However, it is important to note that some funding dilemmas are inherent in the Texas human service system. The state has a tradition of reliance on revenue-raising structures that penalize the poor. Local property and sales taxes are punitive to low-income families in Texas, requiring them to shoulder a larger burden than more affluent citizens. Furthermore, the poor receive less for their money, despite their significant contribution to state coffers.

To participate in the new world order, Texas must invest in all of its families.

For Texas to provide adequately for its people and to build a healthier, smarter, better trained and more productive population, these trends must be reversed. Voters and politicians must come to grips with the reality that a fairer tax system has to be established. To participate in the new world order, Texas must invest in all of its families. Otherwise, our state will be watching from the sidelines the growth and prosperity of other regions and countries. Giving the poor a hand up is crucial to the future of each citizen. It's in our best interests.

It's also the right thing to do. As much as statistics show the cost benefits of investing in human capital through health care, education and human services, every American has an obligation to see that all our citizens have proper medical care, live in decent housing, and are employed in jobs offering them a chance to provide for the basic needs of their families. America has come together in other times of crisis to help those in need. We must again, or we risk losing a precious commodity—our future.

Introduction

For decades, poverty has been a source of frustration for Americans. We have grappled with the problem, ignored it, and blamed everyone from the very poor to the very wealthy for the poverty that plagues many of our citizens. Still, 25 years after the United States began its concerted efforts to reduce poverty, many Americans simply do not have a grasp on the issue, partly because poverty is a complex problem.

Poverty cannot be eliminated through one neighborhood association, one school reform initiative, one health clinic, one job training center, or one construction project that is providing temporary jobs. Poverty is difficult to resolve because it must be approached from several directions, including some of its components, such as health care, education, employment and social services. Even beyond the attention which poverty demands, Americans must be committed to solve the problem. For most children, the formative years end at 18, longer if college and early career development is considered. Children generally receive the guidance, food, health care, and education they need to become independent individuals who are ready to begin their own families. But too many do not, and small, isolated band-aid solutions will never lift children out of poverty. The only reliable and proven measures that will make a dent in this country's poverty are comprehensive long-term programs.

The only reliable and proven measures that will make a dent in this country's poverty are comprehensive long-term programs.

Currently, 32 million persons nationwide are poor, about 13 percent of the U.S. population. In San Antonio, the 1980 census indicates a poverty rate of 21 percent. A recent report says that almost a quarter of a million persons in Bexar County are poor. Scattered services, often underfunded, can not make significant progress towards reducing poverty. And for that failure, we all pay.

Whether we choose to realize it or not, poverty affects everyone. Too many poor people in any area usually means a lack of skilled labor, preventing industry from moving in. Too much poverty also means consumer purchasing power is low, thus constricting economic growth, and keeping existing businesses from expanding. Poverty is synonymous with low wages, resulting in low tax bases that do not allow basic services. Poor individuals may not have access to or even be aware of health care, for instance. This lack of preventive medical care leads to far more expensive corrective procedures. We all bear these costs because we have been unwilling to invest enough in prevention.

In San Antonio, the 1980 census indicates a poverty rate of 21 percent. A recent report says that almost a quarter of a million persons in Bexar County are poor.

San Antonio is rich in history and culture. Yet for our city to improve its circumstances, preventive measures are needed now. One statistic from the 1980 census indicates the direction of our city: almost a third of all San Antonio children are poor, which means these under-18 citizens are at risk of not being able to contribute to the enhancement of San Antonio, or at least unable to participate fully. We must all decide what kind of a city we want San

Today's children are tomorrow's parents. They are our resources for the future: our workers, educators and leaders.

Antonio to be. If we want San Antonio to become a place where young parents can raise their children and progress in their careers, some changes must be made. Somehow, we must reach the thousands in our population whose talents are going to waste, whose gifts are not being developed.

Today's children are tomorrow's parents. They are our resources for the future: our workers, educators and leaders. No one can guarantee all children will become productive citizens, but unless corrective action is taken at once, many of our children will be lost forever. We will be forced to take corrective action at some point, but if we let some children fall through the cracks, the remedies will be administered far too late and at far higher cost.

These same children of today will be expected to pay the social security benefits for our graying population, and they will pay for the maintaining of our streets, law enforcement, schools and national defense. But projections indicate this may not be possible. A report, *Destiny 2010*, predicts that the growing income gap between our wealthiest and poorest citizens could result in a poverty rate of 38 percent in San Antonio by the year 2010. That is why we must invest now in the future of our children, the future of our city, the future of our country. We must provide the supports to families so they can raise their children in an environment most conducive to intellectual, physical and mental growth.

In her book *When the Bough Breaks: The Cost of Neglecting Our Children*, Sylvia Ann Hewett writes that in 1959, nearly a third of all senior citizens were poor, but consistent and reasonable spending on Social Security reduced poverty among the elderly to just 12 percent by 1990. Added benefits from Medicare, Medicaid, food stamps, and subsidized housing for the elderly further reduced poverty among that group to only 4 percent. Spending works, but to be most effective, it must provide enough resources to make a significant impact. Twenty-three percent of the federal budget is dedicated to the well-being of our senior citizens. Children on the other hand, receive a scant 5 percent of the federal budget, and as a result have a 20-percent poverty rate.

A report, Destiny 2010, predicts that the growing income gap between our wealthiest and poorest citizens could result in a poverty rate of 38 percent in San Antonio by the year 2010.

San Antonio also has a high percentage of elderly poor, 24 percent in 1980. Yet, while the difference in the poverty rate between young and old is not as great locally as in the rest of the country, the numbers of those in poverty provide a glimpse into our future and show where we should commit our resources. In 1980, 72,204 children in San Antonio were poor, compared to 16,618 persons 65 years of age and older.

We should not reduce spending on the elderly, but we should increase our investment in the proven programs which help children and families. For example, Head Start has helped many low-income children along the road to success in life, and the federal food supplement program for women with infants and children (WIC) has, through something as basic as food, saved many indigent children and their mothers from serious health problems. Fifteen years after Medicaid was begun, black infant mortality dropped 49

percent, more than nine times the rate of decline during the 15 years preceding Medicaid.

Successful programs work, and they save money. WIC and prenatal care are much less expensive than intensive neonatal care and the subsequent health maladies brought on by low birthweight. The costs of Head Start and educational supports are much lower than the expenses of supporting drop-outs. Despite these recognized facts, there never seems to be enough money to prevent these problems, so we end up paying a lot more to deal with crises. The ultimate irony is that we can always find the money to bail out insolvent financial institutions and to fight wars in faraway countries.

These priorities must change. To make San Antonio a better community, we must invest in all children and all families. To improve our own lives, we must improve the lives of everyone in the city. We must build up what economists call human capital, our most treasured resource. As important as streets, drainage ditches and bridges are, it is people who will make San Antonio what it is and can be. Since many are poor, we must provide opportunities for San Antonians to reach their full potential. The human investment is good for everyone, otherwise we will pay for the poor and so will our children. As usual, the question is how much and when: it is far wiser to begin investing small amounts now, instead of mortgaging those costs later.

As the statistical and human parts of the report demonstrate, most of the poor have jobs. Many have families, and many have the same values most often associated with success: study hard, work hard, love your children.

The following five chapters contain statistics regarding poverty in the United States, Texas and San Antonio, presented as clearly as figures allow. Each chapter begins with true stories about the poor in San Antonio. They tell about their lives, in the hope that by opening themselves to the community, we will all learn something about poverty and people.

As the statistical and real-life parts of the report demonstrate, most of the poor have jobs. Many have families, and many have the same values most often associated with success: study hard, work hard, love your children. But many of them still find it difficult to escape poverty. Children are most likely not to have the opportunity to reach their potential. For them, survival is enough of a challenge. Many are hungry, homeless and sick. One of the most stringent measurements of any modern society is how it treats its children. From that standpoint, America could lose its role as a world leader. For our nation to be strong economically and morally, for cash and conscience to intermingle, we must care for all our children and all our poor. Each of us in our own way can make a difference. We owe it to ourselves to do that.

Methodology

A picture of the poor in San Antonio requires a broad overview of demographic information within a structural framework. Partnership for Hope chose five areas to present this information: health, education, employment, housing and human services. Although independent and distinct, all these areas are interrelated and should be viewed in a comprehensive manner, each deserving specific examination.

Information about San Antonio's impoverished population offers a basis for comprehending the extent of poverty within our community. The material in this report is intended to provide enough relevant facts to adequately communicate the nature of poverty in San Antonio.

To examine the status of the poor, numerous population-based statistics were used in the compilation of the report. U.S. Bureau of the Census data, the most widely accepted data source, presented several limitations. Recent population, race and ethnicity counts are available, but income data derived from 1990 will not be published until 1992. Furthermore, allegations of under-reporting presumably include members of racial and ethnic minority groups, homeless and illegal aliens, among others. In San Antonio, estimates are that unadjusted 1990 census totals for the city reflect an undercount of about 46,000 people.

To offset census data limitations, a combination of 1980 and 1990 available census data, Current Population Survey data, population projections, and the most recent data from administrative agencies were used to compile this report. Inconsistencies in reporting mechanisms among government entities and administrative agencies, and differing reporting guidelines and geographic divisions (county, regional, city council districts, school districts, zip codes, etc) make specific findings and comparisons difficult. However, we are confident that the data collected is sound and sufficient to draw clear conclusions regarding poverty in San Antonio.

The development of the report was divided into three parts. The first consisted of data collection and analysis. The second phase involved substantive chapter reviews by advisors from throughout the community, based on their knowledge within the report subject areas. They were asked to respond to the following questions:

1. Does the information accurately portray the status of the poor?

2. If not, which information must be added or deleted?

As a result of their recommendations, chapter content was revised.

Community Responses

The third and final component of the report, presented at the end of each chapter, is a summary of community responses. Some are the result of two discussion meetings while others are the product of individual written and oral comments. More than 50 participants responded. Advisors representing many factions within San Antonio, including public, private and non-profit sectors, government (administrative and elected officials), and community based organizations, contributed to the responses.

Care was taken to include all input regardless of whether consensus was reached on specific suggestions. The list of responses represents a diverse and inclusive response to critical issues facing our city.

A Note on References

Citations are made throughout the report, using to the name-date system of the Modern Languages Association style. In most cases, the parentheses found in the text include the author's name, date of publication and the page number of the document referenced. If the source has a fairly long title, the name is represented by an acronym. The U.S. Department of Housing and Urban Development, for example, is listed as US HUD in the text.

When two documents are cited from the same source in the same year, a letter is placed directly behind the year, with the earlier letter appearing after the year of the source found first in the text. For instance, if an author "Smith" wrote two articles in 1991 which were cited in a particular chapter, the first reference would read "Smith 1991a," and the second would be "Smith 1991b." "Smith 1991a" would then refer to that source throughout the chapter. The references are at the end of the report and are divided by chapter. The acronyms for each source are in the front of appropriate sources.

CHAPTER 1

Lynette is like hundreds of girls, talking about the dangers of being young, of wanting to be liked, and of being flattered by the attentions of a popular boy. This 21-year-old San Antonio native was only 15 when she became pregnant.

"I was 15. We never considered marriage. I knew others who had married young, and it never worked out. You shouldn't marry just because you're pregnant—that's not a good enough reason. You have to be ready. But I knew right from the start that I would keep the baby. Abortion isn't right.

"He was a football player who was real popular. All the girls liked him, and he liked me, just me. I never meant to get pregnant you know. I thought it couldn't happen to me."

Lynette's high school experience was that of an average teenager. "I was real good in school, involved in sports, and we had lots of contests that I did good in."

HEALTH

When Lynette's parents discovered she was pregnant, they were hurt, but said they would support whatever decision she pursued. "They said I should continue with my schooling, no matter what. But they said I would have to grow up overnight. Boy, were they right."

As for the father, he was interested at first. He meant to help, but he had a scholarship and ended up leaving for college. Not all went well for him. He got in with the wrong crowd, became involved in drugs and dropped out after the first semester. Asked whether she had heard from him, Lynette says, "No, but I know he's around. I've heard that he still hangs out with his old buddies, they have jobs of some sort but mostly just waste their days."

Faced with pregnancy, Lynette enrolled at the Healy Murphy Center, an alternative school for high-risk teenagers. The school proved beneficial because she felt less like a freak, classes were small and studies were tailored to each student's pace. In addition, the center's school-based clinic allowed her to receive maternal and infant care without disrupting her studies. But Lynette never really formed any close friendships, other than with her cousin who was in the same predicament.

Things looked brighter for Lynette, when following Mark's birth, he was able to enter the on-site day care center at Healy Murphy once he turned six weeks old. This gave her a chance to visit him and not worry about how she was going to pay for child care.

Following the advice of her parents and school counselors, Lynette went to a local junior college, San Antonio College, for summer courses. She even enrolled at St. Phillips, taking mostly business and basic skills courses.

However, her luck ran out. Overwhelmed by the multiple demands of going to school, finding a job, locating adequate child care, and finding ways to have a personal life, "I just couldn't stay focused. My mom would help me a lot, I was still living with her. But she had to have a life of her own, too. I finally moved out to give us both more privacy last year."

Now Lynette works part-time at a local fast-food restaurant earning minimum wage.

She finds the work difficult because the pace is pressured and relations with the other employees are distant. "But it beats the other job I held before as a summer camp counselor. At least this is steady income."

This income can only cover her small apartment. She receives $86 a month in food stamps, the maximum she could qualify for even if her income declined. She has no money for child care, so she relies on her mother or brother to take care of Mark while she works. She has been forced to stop attending college classes until Mark enters kindergarten.

"I'm just so tired," she explains dejectedly. "I can't see an end to any of this. I don't know where to start." Disheartened by the chances of beating the odds she now faces, Lynette just makes it through her days.

The thing she needs most is child care. "I can't even begin to look for a good job, or stay in school, until I know that he's gonna be okay."

However, her biggest worry is the environment her son is exposed to. "I worry about him growing up in these kind of surroundings. It's not even safe to play outside. There's always kids walking around with guns. If there's one thing that should change, it's to take those guns away so that they aren't so easy to come by."

Despite these problems, Lynette has the courage and will to go on. "I want to hope that it will be better for Mark. I want to hope that somehow, I'll make it to where he can get into kindergarten and I can get things together. To where we'll be happier. To where his chances will be better. To where his life can be better than mine." She turns to look at Mark watching TV, and her eyes soften. "He's all I got, you know?"

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Highlights

- Twenty-six percent of all Texans have no health insurance, not even Medicaid. This is the highest uninsured percentage among all states. Among those in poverty, Texas ranks first with 58 percent of all poor having no insurance. Twenty-four percent of all employed Texans are uninsured.
- The 1989 infant mortality rate for women living in the poorest areas of Bexar County was nearly three times the county average.
- From 1986 to 1989, the average infant mortality rate among blacks in Bexar County was 14.0, higher than the average infant mortality rates for whites and Hispanics from 1974 to 1977.
- Hispanic mothers receive early prenatal care less frequently than black and white mothers; however, the Hispanic infant mortality rate is much lower than those of the other groups. The low-birthweight rate of Hispanics is roughly the same as that of whites and about half that of blacks.
- Texas' pregnancy rate among girls between ages 15 and 19 ranks second only to Mississippi, with 71 of every 1,000 teens in that group becoming pregnant each year.
- The ratio of teen births to total births in the lowest income neighborhoods in Bexar County is more than three times as high as that in the highest income neighborhoods.
- The federal food supplement program for poor mothers with infants (WIC) serves just 23 percent of eligible mothers in Bexar County, compared to 50 percent of all eligible mothers nationwide.

From conception to death, health care plays an important role in everyone's life. The quality of medical care is a critical factor in the future of every individual. Whether an expectant mother receives adequate prenatal care is crucial to the safe delivery and subsequent development of her child. A baby without prenatal care is more likely to die, be born prematurely, become ill, or suffer developmental deficiencies later in childhood. Through childhood, nutrition and immunization are keys to improving the chance of being healthy. Later, health insurance ensures that families will be able to afford preventive and corrective medical treatment, enabling them to live longer and healthier lives.

However, too often this country's medical system operates in a crisis mode in which inexpensive, proven and simple preventive measures are often denied because of one's inability to pay or gain access. On the other hand, state-of-the-art, costly, and sometimes experimental procedures are available to these same individuals to eliminate health dangers which could have been

avoided had proper safeguards only been implemented earlier.

These miracle remedies, along with the rise in malpractice insurance and other factors, have contributed to the skyrocketing cost of health care. In 1965 health care spending consumed 6 percent of the gross national product, or GNP. By 1990, health care accounted for 12 percent of the GNP (Stout 1991, A22). This trend has made even the simplest procedures unaffordable to those without insurance, cutting many individuals out of the health care system entirely.

Rising health care costs have made even the simplest procedures unaffordable for those without insurance.

For the poor, health care is rationed out in smaller portions, if at all. Arguments have been made in favor of the current tiered structure of health care access, in one case even stating that the accepted two-tier airline system of first class and coach seating can be applied to medicine. Unfortunately, the difference between first and second class medical treatment is not the food, atmosphere or location of the hospital, but rather the presence or absence of services especially important to high-risk children and families.

Most at risk are those without health insurance, often the working poor who do not qualify for Medicaid, and whose employment does not provide medical coverage for them or their families. For much of the 1980s, estimates showed that more than 30 million Americans were not covered by health insurance of any kind, suggesting that significant gaps remain in the health insurance coverage of our citizens despite the almost total coverage of the elderly through Medicare and the expansion of Medicaid for the poor.

The poor suffer from problems that make them vulnerable to great disparities in health status as compared to other populations within our society. *Healthy People 2000*, a national report produced by a consortium of health organizations, presents a series of goals that will help equalize opportunities for all, rich and poor, to experience a healthy and productive quality of life. Through the statement of measurable targets and objectives, the report designates 21 priority areas grouped around health promotion, health protection, and preventive services. Based on the national agenda, *Healthy People 2000* challenges communities to form local objectives to promote health and prevent disease.

Most at risk are those without health insurance, often the working poor who do not qualify for Medicaid, and whose employment does not provide medical coverage for them or their families.

As this chapter shows, trends indicate that the health status of the poor in our city must improve significantly before becoming equal to that of the non-poor. Only a strong commitment to increasing access to health care will help achieve a healthier and more productive lifestyle for all citizens in our community.

I. The Uninsured

Those with economic hardships, whether falling below the federal poverty guidelines, somewhat above that level, or employed in a low-paying position, face health care challenges. For those who qualify, Medicaid covers many services, although not as conveniently or comprehensively as private

insurers. Long waiting periods in hospitals and clinics are normal for Medicaid recipients. Still, the situation for those receiving Medicaid is often better than those without insurance altogether. In Texas, Medicaid covers those living at or below 133 percent of the federal poverty level. In other words, a family of four earning less than $13,400 is poor, and 133 percent of that income is $17,822. Families of that size above that income level are ineligible for Medicaid.

Families without public or private health insurance face barriers to health care. It is estimated nationally that for the quarter of the population in the poorest health, financial barriers to health care may affect the increase in the annual death rate by 10 percent (TRL 1990, 17).

One in every eight uninsured Americans lives in Texas.

While information about the uninsured in San Antonio is currently unavailable, conclusions may be drawn from statewide and national data. A recent study by the U.S. General Accounting Office found that over 32 million persons in the United States under the age of 65 have no health insurance. One in every eight uninsured Americans lives in Texas (US GAO 1991, 14-15). Data from the report lead to the reasonable conclusion that the status of uninsurance in Texas is the worst in the country. The same report says Texas leads the nation with 26 percent of its population having no health insurance whatsoever. These 3,946,000 uninsured Texans represent the second-highest number next to California with 4,937,000 (15).

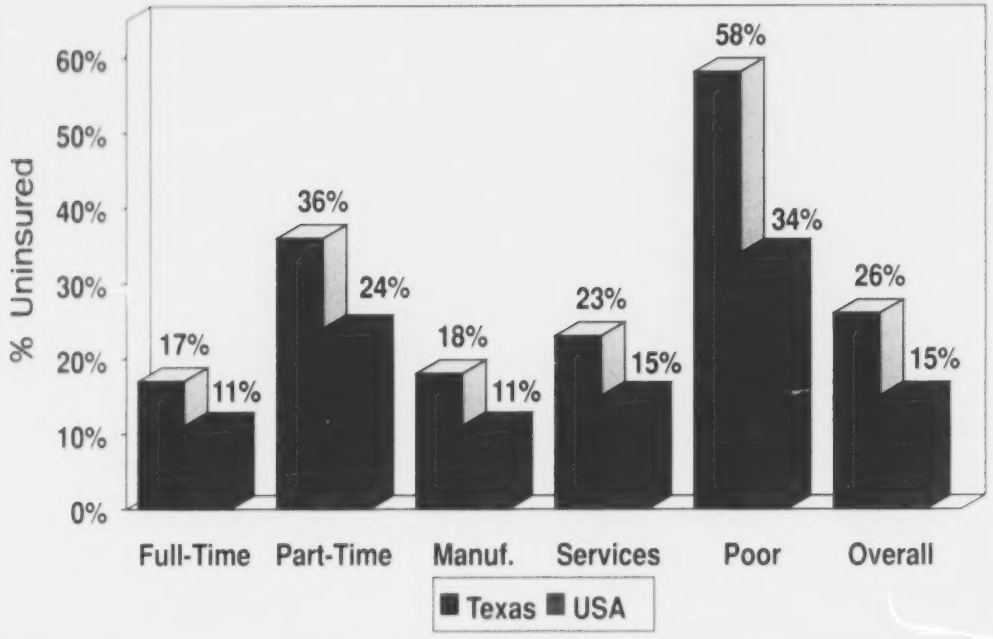
Private insurance covers 65 percent of all Texans under the age of 65, while Medicaid reaches 6 percent. Texas provides Medicaid to the lowest percentage of residents than any of the 15 states that the Government Accounting Office examined in greater detail in the study (16-24).

Twenty-four percent of all employed Texans are uninsured, a percentage second only to Louisiana among the 15 scrutinized states. Texas ranks first in the percentage of full-time workers (17 percent), part-time workers (36 percent) and unemployed persons (68 percent) without health insurance. Among those employed in manufacturing, Texas ranks second to Louisiana with 18 percent of those workers having no insurance. For those in services, Texas ranks first with 23 percent being uninsured, and for workers in other sectors, Texas is second to Louisiana with 33 percent uninsured. Nationally, the averages are 11 percent uninsured in manufacturing, 15 percent in services, and 21 percent in other fields (US GAO 1991, 26-27). San Antonio's high level of employment in service occupations—discussed in Chapter 3—translates into many uninsured workers and families.

Among those in poverty, Texas ranks first with 58 percent of all poor having no health insurance, compared to 34 percent nationally.

Among those in poverty, Texas ranks first with 58 percent of all poor having no health insurance. For those living under 200 percent of the poverty level, Texas ranks first again at 42 percent. These compare to national rates of 34 and 27 percent respectively (US GAO 1991, 30). Almost 40 percent of Texas families have family incomes under 200 percent of poverty level, compared to 32 percent of all Americans. Generally, only families with incomes that exceed 250 percent of poverty can begin to afford the standard

Figure 1: Uninsured Individuals in Texas, U.S., 1990



Twenty-six percent of all Texans have no health insurance, including Medicaid. This is the highest uninsured rate in the country. Source: U.S. Government Accounting Office.

30 percent health insurance premium share required by employment-offered insurance programs (TRL 1990, 44).

Children under the age of 18 comprise 35 percent of all uninsured persons in Texas (TRL 1990, 38). Children living in single parent homes are more likely to be uninsured than children living with both parents (TRL 1990, 39). Texas ranks first with 27 percent of all those 18 and younger having no insurance, and first with 37 percent of those between ages 19 and 24 being uninsured (US GAO 1991, 39).

Children under the age of 18 comprise 35 percent of all uninsured persons in Texas.

Twelve percent of uninsured children surveyed in Texas report no usual source of health care, as compared to 3 percent of insured children. The emergency room serves uninsured children as the primary source of care five times more often than for insured children. This indicates that uninsured patients often receive medical treatment only in cases of emergency (TRL 1990, 39).

Hispanics are over-represented among the uninsured. Hispanics make up 25 percent of the total Texas population, but 49 percent of all uninsured persons in the state. Hispanics also comprise 48 percent of all Texans living in poverty, but 61 percent of all poor uninsured Texans (TRL 1990, 40; US GAO 1991, 44).

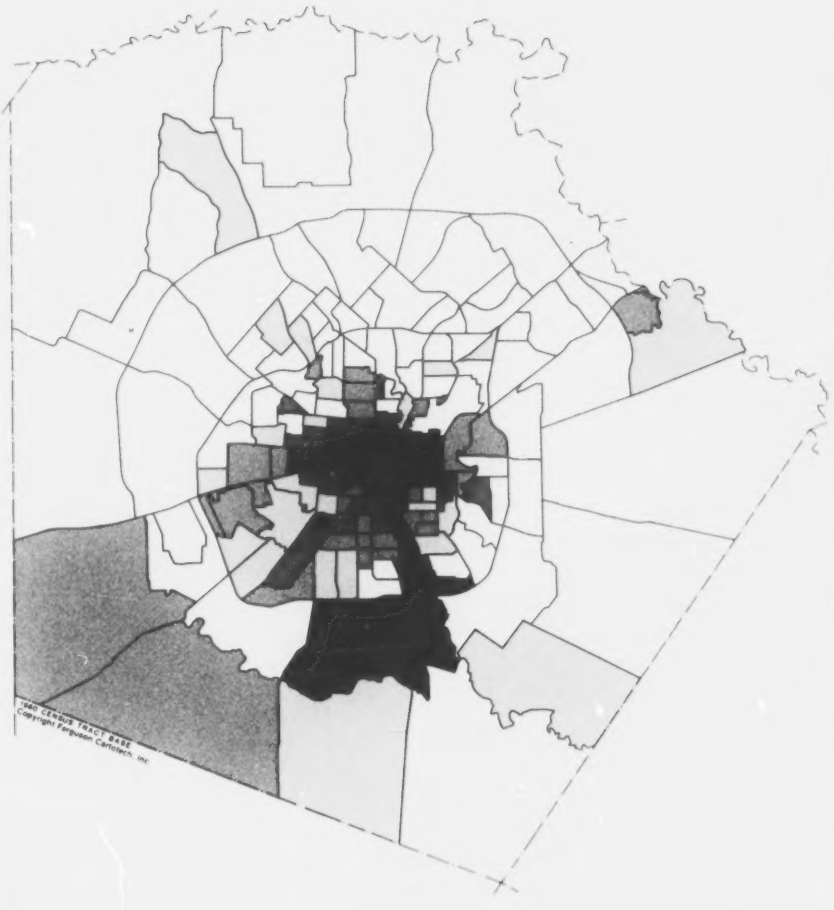
II. The Health Status of San Antonio's Poor

Infant Health and Poverty

The lack of health insurance is a severe problem in Texas, and is one factor adversely affecting the access and availability of health care for the poor, especially those with low-paying employment. But even those poor with some financial reimbursement for medical procedures have rates of various health indicators that signify more health problems than the rest of the population.

It is generally accepted that a low rate of infant mortality reflects all the

Figure 2: Bexar County, by Median Household Income, 1980



This map shows the areas into which Bexar County has been divided for the analysis of health indicators throughout this chapter.

Below Poverty
Representing 5 percent of all households in Bexar County, 43 percent of these households are poor.

1%-25% Above Poverty
Representing 8 percent of all households in Bexar County, 33 percent of these households are poor.

26%-50% Above Poverty
Representing 9 percent of all households in Bexar County, 27 percent of these households are poor.

51%-75% Above Poverty
Representing 14 percent of all households in Bexar County, 18 percent of these households are poor.

76%-100% Above Poverty
Representing 14 percent of all households in Bexar County, 14 percent of these households are poor.

101%+ Above Poverty
Representing 50 percent of all households in Bexar County, 6 percent of these households are poor.

Source: U.S. Bureau of the Census.

Infant mortality: Death of an infant under one year of age. The rate is expressed per 1,000 live births.

advantages of a modern society: proper diet, effective health care services, and a high per capita income. If a low rate of infant mortality is linked to prosperity, then a high infant death rate is often connected to poverty.

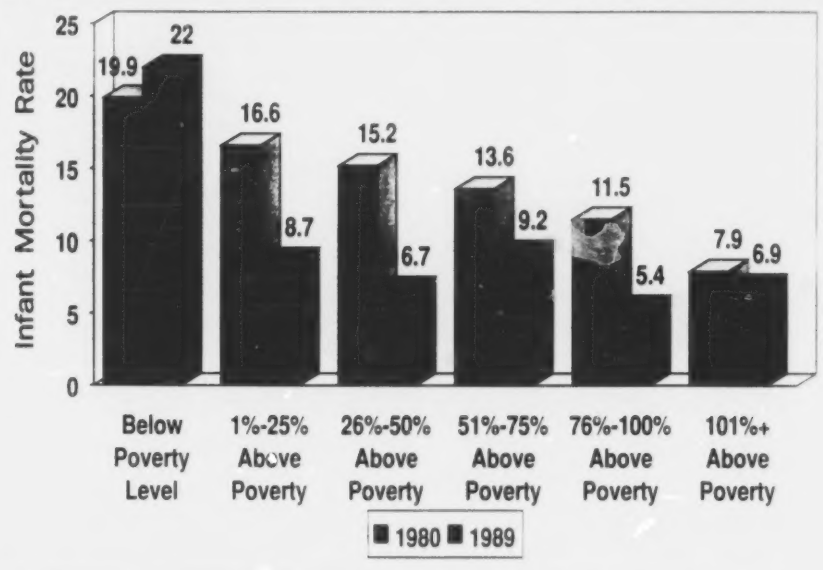
It is ironic that a nation as powerful and technologically advanced as the United States ranks so low in preventing infant mortality. In 1968 President Lyndon B. Johnson said he was shocked that the United States ranked 15th in the world in infant mortality. Today the United States ranks 20th (PFH 1990a, 4; CDF 1991a, 60).

In 1968 President Lyndon B. Johnson said he was shocked at the fact that the United States ranked 15th in the world in infant mortality. Today the United States ranks 20th.

The infant mortality national health objective for the year 2000 is to reduce the infant mortality rate to no more than seven per 1,000 live births. The U.S. infant mortality rate in 1988 was 10 infant deaths per 1,000 births. The Texas infant mortality rate for that year was 9.0, ranking 19th among the states in terms of the lowest rate (CDF 1991a, 155). The Bexar County rate for 1988 was slightly higher, at 9.2 (SAMHD 1970-1989a).

In Bexar County, babies born into families living in high poverty areas have a greater risk of dying than infants born in more affluent regions of the county. Dividing census tracts into six levels according to the median income reported in the 1980 census, then examining the infant mortality rates within those groups of tracts gives a fairly accurate indication of the disparity of infant mortality rates among various income degrees. The analysis is flawed somewhat, since 1989 rates are matched with census areas based on 1980

Figure 3: Infant Mortality Rate in Census Tracts by 1980 Median Household Income, Bexar County, 1980 and 1989



Between 1980 and 1989, infant mortality declined throughout Bexar County, except in areas with median incomes under the poverty level. The county infant mortality rate was 11.8 in 1980, and 8.0 in 1989.

Percent Change	
Below Poverty	+11%
1%-25% Above Poverty	-48%
26%-50% Above Poverty	-56%
51%-75% Above Poverty	-32%
76%-100% Above Poverty	-53%
101% + Above Poverty	-13%
Bexar County	**-32%**

Source: San Antonio Metropolitan Health District.

Premature and underweight babies are 40 times more likely to die before completing their first month of life.

data. Also there is no guarantee that the mothers who were recorded for the following health indicators reflect the economic status of the neighborhood in which they live. However, this is the most accurate method available to ascertain the level of various health indicators based on wealth, since no system exists to categorize health indicators according to economic status.

As seen in Figure 3 on the previous page, the infant mortality rate for infants born to families living in census tracts with median incomes below the poverty level in 1980 was 22 deaths per 1,000 live births in 1989 (SAMHD 1989a). This rate is almost twice the average rate for infants born to families in tracts with median incomes above poverty and more than three times the national objective for the year 2000.

The national infant mortality rate has declined steadily from 12.6 per 1,000 live births per year in 1980 (CDF 1989a, 114). Infant mortality rates in Bexar County have also declined—except for those living in poor areas. For babies in those areas, the infant mortality rate has increased 11 percent since 1980 (SAMHD 1980, 1989a). The infant mortality rate of Bexar County's poorest areas as defined in 1980 must decrease 68 percent to reach the nation's year 2000 goal.

> Low birthweight: Weight at birth less than 5.5 pounds, or 2,500 grams. The rate is expressed per 100 live births.

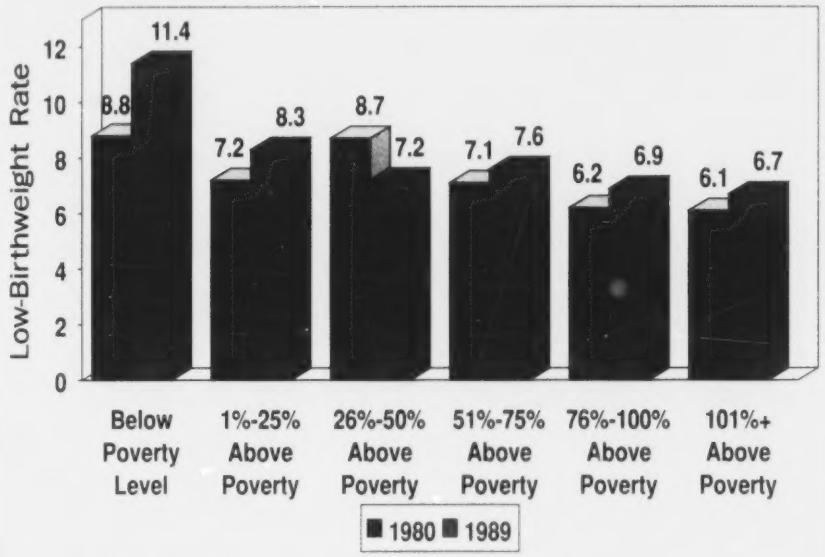
In 1988 the national incidence of infants born with low birthweights was 6.9, ranking 26th worldwide behind such countries as Iran, Romania, Albania, Jordan, and Paraguay.

Birth weight is another important health indicator because it serves as one of the best predictors of a child's future well-being. Seventy-five percent of neonatal deaths are attributable to low birthweight. Premature and underweight babies are 40 times more likely to die before completing their first month of life (CDF 1990a, 10). Even if a low-birthweight infant survives, he or she is at greater risk of long-term health problems such as autism, vision impairment, cerebral palsy, and learning disabilities (CDF 1991a, 62). The national objective for the year 2000 is to reduce low-birthweight incidence to no more than five percent of live births. In 1988 the national incidence of infants born with low birthweights was 6.9, ranking 26th worldwide behind such countries as Iran, Romania, Albania, Jordan, and Paraguay. Texas' rate in 1988 was 6.8, ranking 27th from the top (CDF 1991a 60, 139, 155).

The Bexar County rate for that same year was 7.5. Unlike infant mortality, which decreased, low-birthweight rates have remained the same in Bexar County over the last 10 years (SAMHD 1970-1989a). Thus it may not be realistic to expect the county to meet the national objectives without reform of the delivery of prenatal services. Using 1989 baseline data, families living in Bexar County's poorest 1980 census tracts must experience a 33-percent reduction in low-birthweight births to reach the national objective.

National studies indicate that 26 percent of very low-birthweight (below

Figure 4: Low-Birthweight Rate in Census Tracts by 1980 Median Household Income, Bexar County, 1980 and 1989



From 1980 to 1989, the low-birthweight rate remained the same throughout Bexar County. However, areas with median incomes under the poverty level experienced a 30-percent increase. The county low-birthweight rate was 7.0 in both 1980 and 1989.

Percent Change	
Below Poverty	+30%
1%-25% Above Poverty	+15%
26%-50% Above Poverty	-17%
51%-75% Above Poverty	+7%
76%-100% Above Poverty	+11%
101% + Above Poverty	+7%
Bexar County	**0%**

Source: San Antonio Metropolitan Health District.

1,500 grams) infants suffer from permanent, long-term disabilities. Among all low-birthweight infants, 2 to 4.5 percent are born with disabilities (US HHS 1990, 376). Using this estimate, some 670 children born during the 1980s in Bexar County will require health care services well into the next century (SAMHD 1970-1989a).

Long-term health care costs for a child with a permanent disability can be staggering. The U.S. Office of Technology Assessment reports that annual health care costs for such a child can escalate to $100,000 (US OTA 1988). For families living in poverty in San Antonio, the expense of long-term health care for a child with a permanent disability is beyond the reach of San Antonio's poor, especially the working poor without access to Medicaid. Providing proper care for these children places an immense burden on many families, especially those headed by a single parent.

The U.S. Office of Technology Assessment reports that annual health care costs for a child born with a permanent disability can escalate to $100,000.

Figure 4 shows that the incidence of low-birthweight babies is much more concentrated in Bexar County's poorer areas. Babies born into families in these regions have an 11-percent incidence of low birthweight, whereas babies born into census tracts with median incomes 76 percent to 100 percent above poverty match the national average of 6.9. Additionally, for those babies born in poverty areas, the incidence of low birthweight has increased 30 percent since 1980, carrying significant long-term consequences (SAMHD 1970-1989a). The low-birthweight rate of the poorest areas of Bexar County must decrease 55 percent to reach the nation's year 2000 goal.

Black infant deaths accounted for 15 percent of all infant mortality in 1989, despite the fact that the black community comprises just 7 percent of those living in Bexar County. The black low-birthweight rate is correspondingly high as well. Source: San Antonio Metropolitan Health District.

Table 1: Infant Mortality and Low-Birthweight Rates by Ethnicity, Bexar County, 1989

	Births	Deaths	Infant Mortality Rate	LBW	LBW %
White	6,163	62	10.1	401	6.5
Hispanic	13,566	85	6.3	938	6.9
Black	1,905	26	13.6	247	13.0
Bexar County	**21,634**	**173**	**8.0**	**1,586**	**7.3**

Infant Health and Ethnicity in San Antonio

In other communities, a high concentration of Hispanics can indicate that the incidence of low birthweight and infant mortality may be higher than actually reported. This is because "infants of Mexican-American descent are more than twice as likely as any other racial or ethnic group to be born somewhere other than a hospital" (Becerra 1991, 220). However, in Bexar County, Hispanics are actually more likely than other ethnic groups to have their children in hospital settings. In 1989, 99.3 percent of Hispanic, 99.1 percent of black and 98.8 percent of white babies born in Bexar County were born in hospitals (Highley 13 May 1991). This fact indicates that proper medical care is available and accessible to mothers during delivery.

Infant mortality averaged 14.0 per 1,000 live births for blacks from 1986 to 1989, higher than the four-year averages for whites and Hispanics between 1974 and 1977, which were 12.9 and 13.5 respectively.

The black infant mortality rate has been significantly higher than that of any other ethnic group in the country. With a national infant mortality rate of 17.6 per 1,000 live births in 1988, black children were 2.07 times more likely than white children to die before reaching their first birthday (CDF 1991a, 144). In 1989, black children in Bexar County had an infant mortality rate of 13.6. Black infant deaths accounted for 15 percent of all infant mortality in Bexar County in 1989, despite the fact that the black population comprises only 7 percent of those living in the San Antonio community (SAMHD 1970-1989b; c; d). The national health objective for the year 2000 is to reduce black infant mortality to 11 deaths per 1,000 live births (US HHS 1990, 368). In order to reach the national objectives, the infant mortality rate for blacks in Bexar County would have to decrease 19 percent from its 1989 level.

The local rate actually dipped below the national goal in 1990, when infant morality among blacks in Bexar County fell to 8.8. However, many maternal health indicators, including infant mortality, are prone to deviate from their normal pattern during a particular year. Between 1980 and 1989, the black infant mortality rate in Bexar County averaged 14.9, ranging from

8.2 in 1985 to 21.5 in 1982. Thus it would not be surprising for the 1991 rate to rise substantially above the 1990 level. Another indication of the severity of infant mortality among blacks is the fact that the four-year infant mortality average from 1986 to 1989 for blacks was 14.0, higher than the four-year averages for whites and Hispanics between 1974 and 1977, which were 12.9 and 13.5 respectively (SAMHD 1970-1989b; c; d).

Low-birthweight rates are also greater for black children, both nationally and in the San Antonio community. In 1987, the national incidence of low birthweight was higher for black children than for the total population, at rates of 12.7 and 6.9 respectively. Blacks in Bexar County also have a higher rate of low birthweight than other ethnic groups. In 1989, the local low-birthweight rate for blacks, whites and Hispanics were, respectively, 13, 6.5, and 6.9 (SAMHD 1970-1989b; c; d). The national objective for black low-birthweight infants for the year 2000 is 5 percent. Using 1989 baseline data, the incidence of black low-birthweight babies in Bexar County must decrease by 62 percent to reach this goal.

The cost of providing comprehensive prenatal care throughout a mother's pregnancy is approximately $600. Intensive neonatal care for premature infants can cost up to $1,000 per day.

Prenatal Care

Prenatal care significantly improves pregnancy outcomes and results in tremendous financial savings. First trimester prenatal care often results in better pregnancy outcomes, such as lower infant mortality rates and reduced risk of low birthweight. Continuity of care throughout pregnancy is equally important in increasing birth weight (CDF 1989b, 59). Access to medical care for pregnant women and young children can predictably result in saving one in 10 infants who would have died otherwise (Hale 1990, 11).

The proportion of poor children at risk for long-term disabilities speaks to the critical need for improving access to medical care for poor pregnant women.

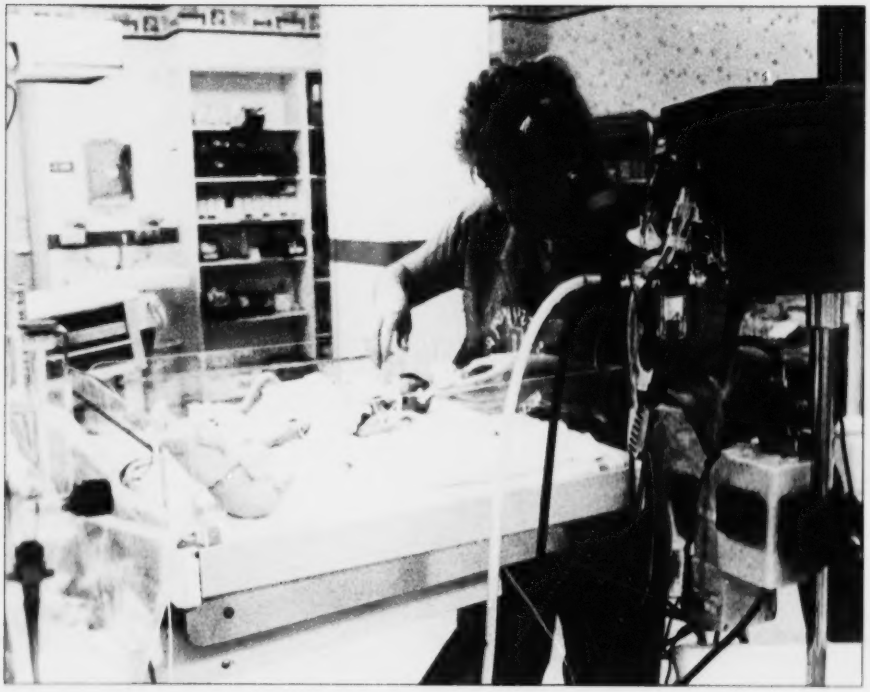
The cost of providing comprehensive prenatal care throughout a mother's pregnancy is approximately $600. Intensive neonatal care for premature infants can cost up to $1,000 per day (CDF 1989a, xviii). Long-term health care, special education and social service costs for a child born with disabilities are similarly expensive. These costs can be avoided. Each dollar spent on prenatal care saves $3 in first year costs alone and another $11 over a child's lifetime for remedial and social services (City of San Antonio, *et al.* 1989, 6).

Each dollar spent on prenatal care saves $3 in first year costs alone and another $11 over a child's lifetime for remedial and social services.

In Bexar County, early prenatal care seems to have little bearing on the early health of an infant, however, the lack of prenatal care results in much higher infant mortality rates. In 1989, mothers receiving first trimester care had an infant mortality rate of 8.3, while mothers who first received care *after* the first three months of pregnancy had an infant mortality rate of 6.4. However, mothers receiving no prenatal care at all were exposed to much greater risk, with a rate of 16.2 (Highley 13 May 1991).

Research findings show that for every dollar spent on prenatal care for

Modern medicine may save the life of this infant, but simple prenatal care can play a major role in averting premature births at a fraction of the cost.



The late prenatal care rate has remained unchanged in the poorest areas of Bexar County, while the county average has dropped 15 percent. The county late prenatal care rate was 31 percent in 1980 and 26 percent in 1989.

Percent Change	
Below Poverty	+3%
1%-25% Above Poverty	-12%
26%-50% Above Poverty	-17%
51%-75% Above Poverty	-3%
76%-100% Above Poverty	—
101% + Above Poverty	-10%
Bexar County	**-16%**

Source: San Antonio Metropolitan Health District.

Figure 5: Late Prenatal Care in Census Tracts by 1980 Median Household Income, Bexar County, 1980 and 1989

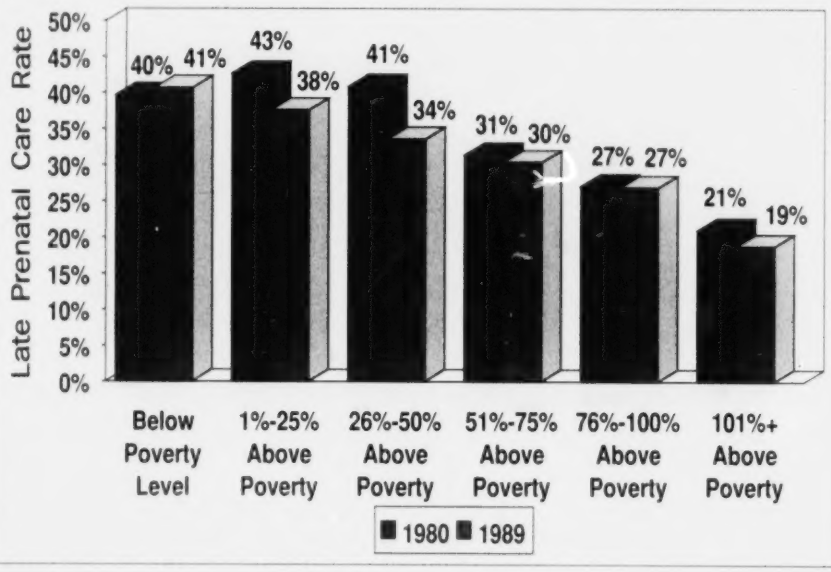


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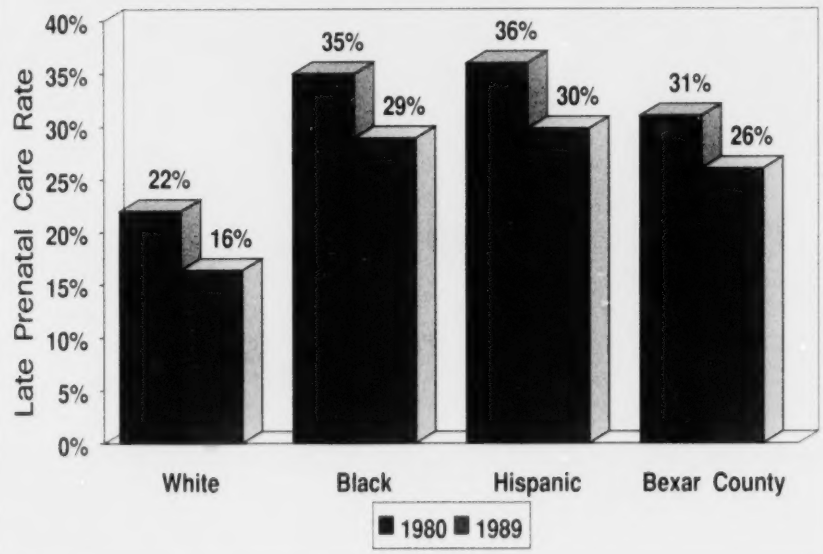
Figure 6: Late Prenatal Care Rates by Ethnicity, Bexar County, 1980 and 1989



Hispanic women are the least likely to receive early prenatal care in Bexar County, however, their babies are generally healthier than those of white or black mothers.

Percent Change	
White	-27%
Hispanic	-17%
Black	-17%
Bexar County	**-15%**

Source: San Antonio Metropolitan Health District.

low-income and poorly educated women, $3.38 is saved in child health services during the first year of a child's life (CDF 1986, 1).

In the second half of the 1980s, the rate of late prenatal care decreased in many states across the United States. In Bexar County, the late prenatal care rate decreased from 31 percent in 1980 to 26 percent in 1989 (SAMHD 1980; 1989a). In contrast, the late prenatal care rate in areas below poverty increased marginally. This means that the already large gap between the poorest and the wealthiest areas in late prenatal care is growing, as Figure 5 illustrates.

The presence of a large Hispanic population actually reduces San Antonio's infant mortality and low-birthweight rates. Studies of Hispanic health show that "the risk of low birthweight is substantially elevated when prenatal care is delayed. . . or when the mother has no care at all. Babies born to Mexican-American mothers who had late or no prenatal care, however, were at the lowest relative risk for low birthweight" (Mendoza 1991, 228). This is probably related to the fact that when they are pregnant, Hispanic women drink and smoke less than black and white women (Ginzberg 1991, 239). This situation is also observed in Bexar County (Figure 6) where Hispanic mothers have the highest rate of late prenatal care, but have low-birthweight and infant mortality rates nearly equal to or much lower than those of white mothers who are much more likely to receive prenatal care. Blacks have the highest late prenatal care rate and, correspondingly, the highest infant mortality and low-birthweight rates.

The relatively good health of Hispanic infants is probably related to the documented fact that when they are pregnant, Hispanic women drink and smoke less than black and white women.

Nationally, Texas ranks first in pregnancy rate for girls 14 and under, and only Mississippi ranks higher for births among teens 15 to 19.

III. Teenage Pregnancy

Pregnancy rate: The number of actual births, miscarriages and abortions per 1,000 women.

Although U.S. teens are no more likely to be sexually active than European teens, the pregnancy rate of teenagers in the United States is twice the rate of Great Britain, France or Canada and three times the rate of Sweden (City of San Antonio, *et al.* 1989, 2). The pregnancy rate for Texas was 140 per 1,000 adolescents (pregnancy rates for San Antonio are unavailable). The national health objective for the year 2000 aims to reduce pregnancies among girls age 17 and younger to no more than 50 per 1,000 adolescents. The 1985 national rate of 71.1 pregnancies per 1,000 girls between ages 15 and 17 is half that of Texas.

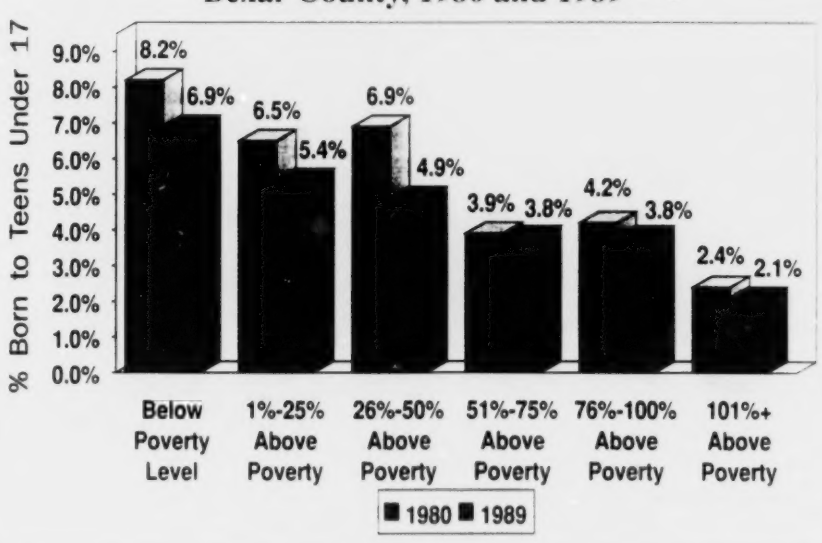
Nationally, Texas ranks first in pregnancy rate for girls 14 and under (City of San Antonio *et al.* 1989, 30), and only Mississippi ranks higher for births among teens 15 to 19. In Texas, 70 babies were born to every 1000 girls between ages 15 and 19 in 1986, while Mississippi reported a rate of 74 (CDF 1990b, 87). In Bexar County during that same year, 819 babies were born to mothers 16 years of age and younger. In 1989, 2,411 babies were born to girls 18 and younger in Bexar County (SAMHD 1980 & 1989). In an analysis using 1987 data, 30 percent of teen mothers in Bexar County between the ages of 13 and 18 had two or more children. This trend was similar the preceding two years (Guerra 1990, 45). Assuming the trend continues, childbearing

While the teen birth rate decreased for all groups from 1980 to 1989, the rate for teens in poor areas of Bexar County is twice the county rate. County wide, 4.5 percent of all births were to teens 16 and younger in 1980, dropping to 3.4 percent in 1989.

Percent Change	
Below Poverty	-16%
1%-25% Above Poverty	-17%
26%-50% Above Poverty	-29%
51%-75% Above Poverty	-3%
76%-100% Above Poverty	-10%
101% + Above Poverty	-13%
Bexar County	**-24%**

Source: San Antonio Metropolitan Health District.

Figure 7: Births to Teens 16 and Under in Census Tracts by 1980 Median Household Income, Bexar County, 1980 and 1989



Five percent of all women in Bexar County between ages 13 and 19 gave birth in 1989.

patterns for teens in the San Antonio area could have significant implications for pregnancy intervention strategies.

Babies born to teenage mothers are more likely than any other babies to have health problems, experiencing higher than normal infant mortality and low birthweight rates. A national study revealed that 9.2 percent of all teen births were low weight, and 20.3 percent of these low-weight births were attributed to the age of the mothers (CDF 1989b, 27).

Babies born to teenage mothers are more likely than any other babies to have health problems, experiencing higher than normal infant mortality and low-birthweight rates.

Poverty and Teenage Births

San Antonio Metropolitan Health District data indicate that mothers age 16 and under claim a higher percentage of the total births in the county's poor areas than teenage mothers in affluent regions (Figure 7). In Bexar County, the overall rate of teenage births to total births dropped from 4.5 percent in 1980 to 3.4 percent in 1989 (SAMHD 1980; 1989a). But the ratio of births to total births in the lowest income neighborhoods in Bexar County is more than three times as high as in the highest income neighborhoods.

Birth rate: The percentage of total births born to a particular subset of women. For example, if out of 1,000 total births, 35 babies were born to girls 16 and under, the birth rate for that age would be 3.5.

Fertility rate: The number of live births per 1,000 women in a particular group.

Since 1980, the teenage fertility rate has decreased for white girls in San Antonio, while the rate has increased for Hispanic and black teenagers. Black females experience the highest rates between age 13 and 16 with Hispanic females having the highest rate among girls ages 17 and 18. White females age 13 to 16 have the lowest fertility rates, four to 10 times lower than those among blacks and Hispanics.

Overall, from 1980 to 1989, the fertility rate for women between ages 13 and 18 decreased 22 percent among whites while increasing 1 percent among Hispanics and 24 percent for blacks.
Source: San Antonio Metropolitan Health District.

Table 2: Fertility Rates for Girls 13 to 18 Years Old, Bexar County, 1980 and 1989

	1980	1989	% Change
White			
13	0.3	0.3	0
14	2.1	1.2	-43
15	8.8	6.4	-27
16	20.5	11.6	-43
17	32.3	26.1	-19
18	40.0	37.4	-7
Hispanic			
13	2.7	3.1	+15
14	12.1	11.2	-7
15	40.3	31.8	-21
16	81.8	68.9	-16
17	94.5	106.6	+13
18	131.4	145.9	+11
Black			
13	4.7	5.0	+6
14	16.2	17.6	+9
15	30.7	34.2	+11
16	58.5	69.2	+18
17	92.4	86.6	-6
18	92.2	135.4	+47

In 1987, 30 percent of all teen mothers in San Antonio had experienced multiple births. Twenty-five percent of Hispanic teen mothers gave birth to two or more infants before the age of 18. This pattern, while prevalent among blacks and whites, was not as common. Twenty percent of black teen mothers and 14 percent of white teen mothers gave birth two or more times (Guerra 1990, 45).

Table 3: Births to Single Mothers, Girls 13 to 18 Years Old, Bexar County, 1980 and 1989

	White	Hispanic	Black	Total
Population				
1980	24,553	27,945	4,653	57,154
1989	21,019	30,054	3,907	54,980
Total Births Age 13-18				
1980	459	1,721	225	2,405
1989	304	1,873	234	2,411
Fertility Rate				
1980	18.7	61.6	48.4	42.1
1989	14.5	62.3	59.9	43.9
% Change	*-22*	*+1*	*+24*	*+4*
Births to Single Teens				
1980	201	526	163	890
1989	193	858	182	1,235
% of Teen Births to Single Mothers				
1980	44	31	72	37
1989	64	46	78	51
% Change	*+45*	*+48*	*+8*	*+38*

While the teen birth rate increased slightly from 1980 to 1989, the percentage of babies born to teens who were unmarried rose considerably. All three major ethnic groups experienced growth in this category, especially whites and Hispanics, even though the teen fertility rate decreased 24 percent among whites and increased just one percent for Hispanics.
Source: San Antonio Metropolitan Health District.

Overall, from 1980 to 1989, teen fertility rates decreased for whites and Hispanics, while rising slightly for blacks. However, these figures mask a trend in the percentage of babies born to teens who are single. Because an infant's development is related to factors within the home environment, one factor, a teen mother's marital status, may enhance opportunities for positive growth. For example, in households where both parents are present, chances for higher economic and emotional support may be greater. From 1980 to 1989, the birth rate for mothers between the ages of 13 and 18 increased 4 percent, yet the percentage of those babies born to single mothers increased 38 percent. All three ethnic groups experienced an increase in the percentage of teen births born to single mothers. The rate among Hispanics rose 48 percent, for whites it climbed 45 percent, and the black rate increased 7 percent (SAMHD 1989b). What this indicates is that while the number and rate of babies born to teens in Bexar County has stabilized, births to unmarried teens has increased dramatically, especially among whites. Teen pregnancy is a problem that affects the entire community. Even Hispanics, the group with the lowest percentage of teen births to single mothers, give cause for concern. Among Hispanic women who gave birth in Bexar County in 1989, six 13-year-old and 15 14-year-old mothers were married, representing 27 percent of the mothers in that age and ethnic group (SAMHD 1990).

From 1980 to 1989, the birth rate for mothers between the ages of 13 and 18 increased 4 percent, yet the percentage of those babies born to single mothers increased 38 percent.

On one hand, this may mean that their infants have a better opportunity for development, but it may also mean that these young mothers are assuming responsibilities and commitments usually not expected of adolescents. The young mother has a greater probability of dropping out of school than women who marry and have children at a later age.

A national survey indicates that more than half of U.S. teenagers report having sexual intercourse by age 17 (PPFA 1986, 5). According to this report, the most likely teens to be sexually active are teenagers whose parents do not have college degrees and those teens with average grades in school below a "C." One need only examine the educational profile of poor teenagers in San Antonio in the next chapter to determine that these teenagers are at the greatest risk.

IV. Accessibility of Health Care Services to San Antonio's Poor

In 1989, an estimated 254,612 persons in Bexar County were poor (TDHS 1990a, 1). In addition, the most recent census figures indicate that 1,185,394 individuals live in Bexar County, and based on the statewide figure of 26 percent of all Texans having no insurance, it can be very roughly estimated that 308,202 residents of Bexar County are uninsured and medically indigent. This section will look into four major sources of health care services available for the indigent: private practitioners, the San Antonio Metropolitan Health District clinics, the Bexar County Hospital District, and federally funded health centers.

Private Practitioners

Texas ranks 45th among all states in per capita federal Medicaid funding.

Private practitioners, through Medicaid, provide medical care to those who qualify under a variety of low-income age and disability guidelines. AFDC-Medicaid, administered through the Texas Department of Human Services, is an entitlement program which includes Aid to Families with Dependent Children (AFDC) recipients, pregnant women and children under age 6 if family income does not exceed 133 percent of the federal poverty level. In 1989, the Presumptive Eligibility program became available, providing immediate prenatal care while the Medicaid application is pro-cessed. Transitional Medicaid benefits are also available for families whose earnings qualify them for Medicaid benefits (TDHS 1990b, 14).

In 1990, TDHS reported 104,726 total Medicaid eligibles in Bexar County. Of those, 63,283 qualified for Medicaid because they received AFDC (TDHS 1990b, 76, 83). This number includes individuals eligible for all types of Medicaid benefits. To serve these individuals, 1,758 physician providers were registered in the county, with 815 providers accepting new patients (TDHS 1991).

Medicaid benefits in Texas meet only the minimum federal requirements. The federal government will match state contributions to Medicaid, paying more than 63 percent of the cost of services, yet because of limited state expenditures on Medicaid, Texas ranks 45th among all states in per capita federal Medicaid funding. This means that Texans receive a lower return for their federal tax dollars. For each $1.59 paid in federal taxes, only $1 is returned to the state. For poor Texans, this results in a loss of $700 million in Medicaid benefits each year (CDF 1991b).

San Antonio Metropolitan Health District Clinics

Among the major sources of health care services available to the poor are the 25 clinics under the administration of the San Antonio Metropolitan Health District. Although income is not a criterion for utilization, nine clinics are located within census tracts with family median incomes below poverty, six clinics within census tracts 0-50 percent above poverty, and the remaining ten within areas ranging between 51-100 percent above poverty (SAMHD 1989b).

The 25 clinics provide a variety of preventive health care services, including pediatric care, prenatal care, dental care, immunizations, care for sexually transmitted diseases, Special Supplemental Food Program for Women, Infants, and Children (WIC), and family planning services. Table 4 indicates the types of services provided by the 25 clinics in 1989.

Most of the 25 San Antonio Metropolitan Health District clinics are open from 7:45 a.m. to 4:30 p.m., Monday through Friday. Some are open one to three days a week and some are available on weekends. Extended waiting periods between the necessity for medical care and actual appointments may bear on the effectiveness of health care delivery. The maximum wait time for prenatal care and infant checkup visits is two weeks. If the clinic is short of slots, it will refer patients to the next available clinic. This can be

Table 4: Types of Services Provided by San Antonio Metropolitan Health District Clinics, 1989

Service Provided	Patients Served	# of Clinics Offering Service	% of All Clinics
Adult Health	1,743	14	56
Dental Health*	19,078	5	20
Family Planning	3,566	7	28
Immunization*	161,190	23	92
Pediatric	13,453	16	64
Prenatal	5,357	14	56
STD	13,438	1	4
TB*	9,473	1	4

* Dental health and TB figures indicate patient visits. Immunization represents doses of vaccine given. All other figures are for unduplicated patient count.
Source: San Antonio Metropolitan Health District.

a potential problem because in most cases the Metropolitan Health District does not provide any kind of transportation assistance (Highley 14 March 1991).

The Bexar County Hospital District

The Bexar County Hospital District has the primary responsibility for providing medical care and hospitalization to the medically indigent. The district uses an eligibility system based on federal poverty guidelines. Payment for health services is determined by financial ability.

The county hospital has both inpatient and outpatient operations. Medical Center Hospital, the inpatient facility, recorded treatment of 23,156 patients in 1989. Some 60 percent of these patients lacked any type of insurance coverage. With or without insurance coverage, the average inpatient day cost $614 in 1989 (BCHD 1989, 11).

Nationwide, only about half of all eligible women and young children receive WIC,which returns $3 in savings for every dollar spent.

In the same year, the hospital's emergency center received 93,550 visits. According to the Hospital District's report, 60 percent of the inpatients in 1989 did not have insurance (including Medicaid or Medicare) (BCHD 1989, 14; Enders 22 Feb. 1991).

The County Hospital District's outpatient facility, the Brady/Green Community Health Center, operates 109 specialty clinics and two walk-in clinics, housed in the same location. The specialty clinics recorded the large majority of visits (71 percent). The average outpatient cost per visit was $94.

Federally Funded Health Centers

Federally funded health care centers, mandated to serve medically underserved areas, are under the auspices of the Migrant and Urban Health Initiative of the U.S. Department of Health and Human Services.

The Barrio Comprehensive Family Health Care Center identifies 27 census tracts in the west side of the city as its target population. Based on 1980 census figures, this population totals approximately 140,000 individuals. In 1989, 11,303 persons were served, totaling 63,800 visits to the center. About 82 percent of the patients served had no health insurance coverage.

The high number of visits in 1989, however, was due to an increase in WIC service (Chamberlain 14 March 1991). Still, county wide, 77 percent of all eligible WIC recipients were unserved in January 1991. This represented 85,055 individuals in Bexar County. Nationwide, about half of all eligible women and young children receive the benefits of this program, which returns $3 in savings for every dollar spent.

The Ella Austin Health Center is located in the east side of the city,

WIC: The Supplemental Food Program for Women, Infants and Children. This program provides basic nutritional staples such as milk, fruit, and bread to women expecting a child, and to the women and their infants following birth.

serving 72,000 residents in an 18-census tract area. Although the center accepts anyone from Bexar County, it gives priority to residents within its service area. In 1989, 6,500 persons made a total of more than 17,000 visits to the Ella Austin Health Center (McNeal 14 March 1991).

The Southpark Medical Care Center covers a service area of 27 census tracts with a population of 64,000. In 1989, the center served about 10,500 people, totaling 33,200 visits. The center accepts clients on a first-come, first-serve basis, but gives priority to residents of the service area (Dominguez 19 March 1991).

The three federal clinics seem to have more flexible schedules for their services. While keeping regular hours (roughly 8 a.m. to 4 p.m. daily), they either extend their hours of operation on certain days until 8 p.m., or for three hours on Saturdays. The Southpark Medical Care Center has a pediatrician, an ob-gyn, and a family practitioner available on call 24 hours every day to meet urgent needs.

The three federal clinics provide some transportation services to needy patients. The Barrio Comprehensive Family Health Care Center provides transportation on a limited basis, mostly for the elderly (Chamberlain 14 March 1991). Ella Austin and Southpark provide transportation on a more flexible basis. Patients can call the centers and arrange for transportation according to their appointments.

County wide, 77 percent of all eligible WIC recipients were unserved in January 1991. This represented 85,055 individuals in Bexar County.

But while some resources exist for the poor, those in poverty usually fare worse in terms of leading health indicators, as seen in previous sections. This situation may persist for several reasons. More resources may be needed to meet the demand. Greater outreach efforts may be warranted to inform poor individuals about existing services. More coordination between various providers may promote greater efficiency, and ultimately better care. The availability of transportation could also improve the delivery of care for those who depend on public transportation. Sharing medical records of patients between providers could result in more comprehensive and effective care for patients who may visit a number of physicians. The lack of health insurance also plays a large role in accessibility to medical care.

The next section describes the cultural perspective towards health care, which is an additional factor in the utilization of health services by the economically poor.

V. Health and Culture

Health is affected by a range of factors. Cultural perspective and culture-specific factors play an important role toward seeking health care and utilizing health services. The assessment of health problems, therefore, should not be done by reviewing health indicators only. The correlation, or lack of correlation, between income and health indicates which part of the population suffers most from various health problems. But it is necessary to

look beyond that correlation for cultural and other socio-economic factors that may have contributed to these health problems.

This section will focus on the Hispanic people because they are the largest population (56 percent of the total population in 1990) in San Antonio and comprise an overwhelming majority (73 percent in 1980) of those living in poverty (US BOC 1980; PFH 1990, 2). It is important to bear in mind, however, that an incongruity exists among the population generally called "Hispanics." Generalities that may not apply to every member of the Mexican-American community of the city will be made because San Antonio-specific data are not available.

Health scientists studying San Antonio's Hispanic population believe that language and culturally related motivational factors, among other things, are important to receive adequate health care. Obviously, if the patient and the doctor cannot communicate, diagnosis will be difficult, if not impossible. Of all the interviews completed in Texas for the Hispanic Health and Nutrition Examination Survey, 1982-84, 32 percent were conducted in Spanish (Lecca *et al.* 1987, 14).

Of all the interviews completed in Texas for the Hispanic Health and Nutrition Examination Survey, 1982-84, 32 percent were conducted in Spanish.

Typically for poor Hispanics, *curanderismo* is a vehicle toward healing. Those without resources such as health insurance or government assistance programs have the option of receiving no care or seeing a *curandera(o)*. The curandera is considered to have spiritual powers and extensive knowledge of herbal remedies, and is believed to heal folk illnesses (COSSMHO 1988, 60). Folk illnesses, such as *mal de ojo*, *caida de mollera*, and *susto*, have physical manifestations. Over generations, Hispanics have developed an explanation of these manifestations in order to permit an understanding of the symptoms. It is important that the provider, *i.e.*, the *curandera*, understand that the symptoms are real and that the patient should be educated regarding the actual causes of these symptoms in a non-hostile manner (COSSMHO 1988, 62).

Home remedy is another means of healing. While home remedy is helpful sometimes, it can be dangerous because the patient does not receive prompt and proper medical attention.

Pride, while not unique to the Hispanic culture, is another barrier to seeking medical care. Poor Hispanics often find it difficult to request assistance from federal or state programs and would rather resort to one of the options mentioned above. Often, undocumented workers mask their fear of being deported to rationalize not seeking aid for health care.

Pride, culture and language are at times obstacles to health care. These issues must be addressed, sometimes on an individual basis, to ensure that medical treatment is given to those who need it. On the other hand, addressing culture will not alone result in universal health care.

VI. Conclusion

San Antonio's future depends on the health of all its citizens. The poor, often lacking access to adequate health care, are at risk educationally, socially and economically. Our investment in health care for all will better ensure a population equipped to handle the physical and economic challenges of the 21st century.

Amid a bounty of medical resources, San Antonio's poor often do not receive the amount of health care indicative of a modern society. Health indicators such as prenatal care, low-birthweight babies, and infant mortality show a clear dichotomy of medical treatment reaching the poor versus the non-poor. This unequal distribution of care will further slow the ability of the poor to escape poverty, thus inhibiting San Antonio's growth.

The lack of financial resources keeps regular health care out of the realm of the poor, especially the working poor. Health insurance is needed to receive most forms of private care, but nearly 4 million Texans have no insurance. Those without insurance must rely on clinics and health programs.

At the same time, as evidenced by the low infant mortality and low-birthweight rates of Hispanics, many of the poor do practice sound health measures. This shows that poor persons are not personally at fault for all their health conditions, and that if the lifestyles of the poor more closely resembled those of the non-poor, their health crisis could possibly be worse.

As evidenced by the low infant mortality and low-birthweight rates of Hispanics, many of the poor practice sound health measures.

The health of the poor is important for many reasons. First, not to provide decent health care places another obstacle in the path of this disadvantaged group. Second, poor health affects other aspects of life. A healthy person has a better chance to live a long and productive life than a person suffering from illness. Finally, an unhealthy individual is more likely to experience difficulty in learning and working. An individual with these educational and employment hindrances cannot contribute fully to the economic growth of our city. When they reach adulthood, the infants we are not serving today will be unable to provide the financial, physical and mental resources that result from productivity and self-sufficiency. San Antonio will pay for the health shortcomings of its poor. The city has the choice of investing in relatively inexpensive preventive measures or paying the higher costs of remedial treatments, social services and lost productivity. Thus health has repercussions for San Antonio's work force and its overall economy.

San Antonio has the choice of investing in relatively inexpensive preventive measures, or paying the higher costs of remedial treatments, social services and lost productivity.

For many of the poor, the results of inadequate health care will appear during a child's early school years when learning deficiencies become apparent. Health issues, such as learning disabilities, developmental delays and teen pregnancy, intersect closely with poverty and education. These will be discussed in the next chapter.

HEALTH

Access to medical care and preventive health programs are sound investments for securing a healthy and vital community. Prenatal care and child nutrition programs offered to low-income families have proven to be less expensive than the costs associated with long-term physical and intellectual developmental delays. Community participants proposed a network of community-based organizations, private physicians, and major health care entities to meet the health care needs of the medically indigent and uninsured.

Public awareness of available health care services was suggested as crucial in helping low-income families gain access to available health care programs. Because many poor families are uninsured, participants strongly supported increased Medicaid funding to include more of the working poor. The private sector was also targeted as having a responsibility to provide health insurance and related services. Participants recognized that many employers, although empathetic to employee health insurance needs, were unable to offer the benefit because of high premiums. Proposing innovative solutions to area employers was suggested.

That health care delivery systems should be sensitive to the linguistic and cultural needs of the San Antonio community was perceived as important in increasing access to health care delivery programs.

Community Response

- Panel participants offer the following responses for addressing the health needs of the poor:

  - ***Increase federal funding allocations for the Women, Infants and Children (WIC) program to serve all eligible women and children.***

  - ***Improve the delivery of prenatal services to reduce infant mortality and low-birthweight rates in areas with documented need.***

  - ***Extend Medicaid coverage to all uninsured poor.***

  - ***Establish a national health insurance program with special coverage for children and pregnant women.***

  - ***Designate the attraction of corporate investment to include contractual obligations supporting employee health insurance benefits.***

- ***Encourage the business community to conduct health care screening of employees.***

- ***Facilitate access to local and federally funded health clinics, by extending service during the evening and weekends.***

- ***Promote and fund greater outreach efforts sponsored by all public health providers in order to bring all existing health care facilities to full-capacity operating levels.***

- ***Appropriate funding for a citywide public awareness campaign in health education and information about medical programs designed to reach the poor.***

- ***Invest in preventive health care measures rather than concentrating investment in expensive technology for catastrophic illnesses that could have been prevented.***

- ***Establish school-based clinics in all San Antonio school districts to provide preventive health education.***

- ***Allocate funds to train health care providers in cultural sensitivity.***

- ***Strengthen working partnerships among health providers from the San Antonio Metropolitan Health District, the Bexar County Hospital District, federally funded clinics and community-based clinics to provide comprehensive preventive health care and medical services to the poor.***

- ***Encourage colleges and universities offering degree programs in health to promote community service for their students to attract health care professionals to careers in public health.***

- ***Organize coalitions between health care providers and higher education institutions to identify health care needs, human resources needs and potential areas of economic development in health area.***

- ***Initiate supervised opportunities for medical students to work in public health clinics and community-based clinics.***

CHAPTER 2

EDUCATION

Maria, a seventh grader, has a soft-spoken voice, which does not reflect her enthusiasm and perseverance in overcoming hurdles nor for triumphant accomplishments. Given time, education and encouragement, Maria's voice will reflect a stronger, more confident tone. For now, she has traveled a road many children her age have never seen.

"My parents were born in Mexico. I was born in Florida but we moved back to Mexico where I lived until I was five. Then we came back here. My parents knew me and my sister would have a better chance here. We could go to school and become whatever we wanted to because we didn't have to have money to go to school.

"My parents don't speak English, so I didn't know any English, so when I started first grade I was learning it. I got Cs and Ds. I barely passed first grade and was in the lowest group in second grade, so I went to summer school. I had to learn on my own how to read and write. I had some help but not a lot.

"By the fourth grade, I moved to the second highest group, but couldn't be moved higher because there was no more room."

Luckily, Maria was not discouraged, but turned this hurdle into a challenge.

"In the fifth grade, I was still in the same group and there was nothing I could do. The teacher knew I should be moved up but there was no room. There was nothing I could do but study hard." The end results for Maria were As and Bs, which gave her an 88 average. "I was on the honor roll, but I'd like to get on the principal's list, but you need all As. It's hard but I know I can do it."

Maria sees a world outside her neighborhood as do her parents, but her future aspirations are limited for now to what she has been exposed to: television portrayals of the good life and her teachers' insights. For now, she would like to be a second- or third-grade teacher. She quickly adds, "but my mom would like me to be a lawyer, go to college and no boys until I finish school."

Not all the credit should be given to Maria. Her parents have stressed excelling in school. Her father is a janitor and her mother a housewife.

"My father wants my sister and I to do good in school. Every time me or my sister get our report cards and we get As and Bs, my dad gets us something, clothes, candies, toys—but not all the time because we don't have the money and I understand."

Maria's mother makes sure the children do their school work. As soon as her sister and Maria come home from school, they must do their homework before they go out and play.

Talking to Maria, one quickly sees the adaptability and promise of this girl. "I love math, and a lot of it is because of the computers, only two of us can go at a time because there is only two computers. So the teachers let the first two who finish their homework go to the computers. So I always try to finish first."

Another seventh grader, Raul, has aspirations as well, but he has been pretty

much left on his own. His parents live in separate houses, so he takes turns on where he stays.

"Every week it's different. Sometimes I stay with my dad. He's really nice, but my mom and him don't really get along. And my two older brothers don't like him. He's not really their father, he's my real father but their stepfather." This family structure has left him lacking someone to encourage him and give him direction. His father is not involved with his schooling and his mother is only able to attend parent's night.

Raul has a carefree attitude about school. "I hate language arts and history but I love drama."

However, Raul does not aspire to be an actor as he flatly states. "I'm the technician. You know the guy that does all the lighting and colors for the stage. It's pretty neat going up to the ceiling and fooling around with the lights. It's even cooler when you see how everything looks for the play. But that's what I like about drama."

The lack of guidance and Raul's spunkiness has gotten him into trouble. "I use to be a troublemaker, but not any more. I got in trouble for throwing stuff out the window, hitting girls with spit balls. It's no big deal." Raul changed and outgrew this behavior. At such a young age, he's been given the responsibility to take control of his life.

Nevertheless, Raul has the strength and smartness to realize he wants something bigger and better. To start, Raul realized that he did not have the grades to be on the honor roll, but felt it was important to get involved in school. "Well, I wanted to earn an award. I don't have the grades, so I thought I'd try to get a school service award. So I volunteer a couple hours a week with the special education teacher with anything he needs."

These comments reflect his desire to do well in school, but more important is Raul's recognition that school is going to help him find a better life.

"All I know is I don't want to be working at Burger King like my older brother does for cheap pay. No way. I figured I'd join the ROTC and go to the Air Force and maybe college."

Highlights

- Twenty-nine percent of San Antonio's school age children are poor.
- In 1990, Head Start served just 12 percent of all eligible children in Bexar County, despite the fact that the program saves $7 for every dollar invested.
- Fifty-six percent of Bexar County's public school students qualify for free or reduced school lunches. This represents 118,865 students who receive free or reduced meals and includes 96 percent of the students in Edgewood ISD.
- Alamo Heights ISD has the highest real property taxable value per student amount among Bexar County school districts at $538,824. This amount is 14 times higher than that of Edgewood ISD, which is $38,364.
- In 1990, Texas ranked 37th among all states and the District of Columbia in school spending per pupil. All Bexar County school districts spent less than the national average, and only Alamo Heights ISD spent above the state average.
- In 1988, Texas ranked 44th in high school graduation, with 65 percent of its students receiving their diplomas.
- In 1980, only 59 percent of all adults in San Antonio 25 years of age and older were high school graduates.
- Thirty-six percent of all ninth graders in Bexar County public schools do not graduate from high school. Forty-seven percent of Hispanic, 35 percent of black and 19 percent of white ninth graders will not graduate.
- Twenty-three percent of San Antonio's adult population is functionally illiterate.

Equal access, equal opportunity, equal resources—for decades public education in San Antonio has been both offender and victim in the struggle toward equality. Education has a fundamental role in preserving and maintaining freedoms under the Texas Constitution, yet educational politics in this state reflect a long history of segregation and wide disparities separating rich and poor. The poor in San Antonio, however, have not remained silent.

With the same spirit of determination and sense of justice present in *Brown v. Board of Education*, San Antonio chose to lead the fight against the state's public education system. While unsuccessful in achieving a U.S. Supreme Court ruling affirming education as a fundamental right in *Rodriguez v. San Antonio Independent School District*, those representing San Antonio's poor schoolchildren continued and won the battle through the state's judiciary. *Edgewood Independent School District v. Kirby*, through its resulting judicial directive, forced new policy aimed at redesigning the state's

school financing system. Though the effectiveness of the new financing scheme remains to be seen, what has emerged is a recognition that all students, poor and rich, deserve equal access to quality education, equal opportunity to achieve scholastically and equal resources to make it possible.

Earlier this spring, President George Bush announced national goals in education. *America 2000: An Education Strategy*, challenges families and communities to strive for academic excellence through better and more accountable schools by the year 2000. Support for preschool education, higher graduation rates, national achievement tests, school accountability, and parental involvement are essential to the strategy outlined by these goals. While the goals outlined in *America 2000* present a challenge to all communities, our challenge extends further than readying our children to perform satisfactorily on national achievement tests. Our goals must include the elimination of all obstacles standing in the way of economic participation.

Poverty influences the lives of children and limits their opportunities for academic success. Roughly one out of every three school-aged children in San Antonio is poor, so strategies to eliminate poverty must be addressed simultaneously within education reform if our city is to reach the goals presented by *America 2000*. Lack of proper health care, substandard and overcrowded living conditions, and parents experiencing unemployment or underemployment are only a few of the disadvantages children coming from economically poor environments experience before entering kindergarten.

Poor families struggle with daily survival. Without investment in our human capital to ensure a higher quality family environment, not even a rejuvenated educational system will restore academic excellence. If we expect our children to participate and compete globally within the technological demands of the 21st century, then all children—poor and wealthy—must be given an equal chance to prepare for the future.

Twenty-one percent of all children in the United States live in poverty. In Texas, the child poverty rate is higher, at 23 percent. In San Antonio, the figures are even more startling, with 29 percent of our children being poor.

I. Early Education

America 2000: An Education Strategy

Goal 1:
All children will start school ready to learn.

Children living in poverty run the greatest risk of not being ready for school. Lack of proper nutrition and health care, inappropriate learning environments, and inadequate housing conditions contribute to the probability of inadequate school readiness, thereby increasing the risk of later school failure.

Twenty-one percent of all children in the United States live in poverty. In Texas, the child poverty rate is higher, at 23 percent (CDF 1991a, 151). In San Antonio, the figures are even more startling, with 29 percent of our

By the age of two or three, children from low-income families often lag behind their middle-class counterparts in the ability to reason and use language

children being poor (PFH 1990, 2). Our city's poor children are at risk of failure even before entering the schoolhouse door.

Each year a child lives in poverty the likelihood increases by two percentage points that he or she will fall behind a grade level (US DOE 1986). Like all children, poor children require access to quality child care services and early childhood education programs that will help prepare them for school. An effective early childhood school readiness program must serve the young child's basic nutrition, health and safety needs besides offering a developmentally appropriate academic curriculum. Without these interventions, San Antonio's poor children will not be ready to begin school. They will instead be at great risk of joining the overwhelming number of young persons who drop out of school before completing a high school education.

Early Intervention

Experences during the earliest years of life affect a child's social, emotional and intellectual development. Unfortunately, in homes of high economic and social stress and low parental education, children are less likely to have conversations and other experiences that would stimulate the development of language and logical reasoning. By the age of two or three, children from low-income families often lag behind their middle-class counterparts in the ability to reason and use language (Schorr 1988, 181). It is recognized now that comprehensive programs which assist families to function productively are critical to address the early education needs of poor children under preschool age. Early intervention programs offering instruction in parenting, nutrition, literacy and job placement increase family self-sufficiency and create an environment beneficial to a child's optimum development (ACYF 1991). The Avance program in San Antonio works with the family as a unit, providing health, nutrition, adult literacy, and job skills training, as well as medical treatment, crisis intervention and other services to parents of children under two and a half years of age (Avance 1991).

73 percent of children in families with incomes above $25,000 attend a preschool program by age 4, compared to 33 percent of children in families with incomes less than $15,000.

Preschool offers opportunities for a child to develop physically, socially and intellectually. Poor children, however, are least likely to be able to afford it. Seventy-three percent of children in families with incomes above $25,000 attend a preschool program by age 4, compared to 33 percent of children in families with incomes below $15,000. Preschool is least accessible to those children who need it and who benefit from it most (Schorr 1988, 181, 211).

In San Antonio, there is great disparity between the number of children who qualify for such programs and those who are served. Increased numbers of preschool age children living in low-income families and a greater number of mothers with young children searching for employment or in job training as a condition of receiving public assistance are factors that inhibit the adequate delivery of programs to needy children. Moreover, lack of coordination among publicly funded service delivery systems having similar eligibility criteria further dilutes the level of service (TDHS, *et al.* 1989, 2).

Two early intervention early childhood education programs specifically created to prepare children from low-income families to enter school are Head Start, which is federally funded, and the prekindergarten program administered by the state through the Texas Education Agency. These programs offer a poor child an opportunity to become ready to learn. Yet, thousands of eligible children remain unserved.

Currently, Head Start serves just 12 percent of all eligible children in Bexar County.

Head Start

Head Start is recognized as successful in producing positive immediate and long-term effects on the socio-emotional and cognitive development of poor children. Head Start has significant influence on improving children's nutrition and physical health, and for effecting positive influences on parents and communities. Nevertheless, thousands of eligible Bexar County children qualifying under low-income guidelines remain unable to benefit.

Nationally, Head Start funds reach only one in six eligible children. (CDF 1990, 27). Statewide in Texas in 1988, estimates are that no more than 15-20 percent of the eligible three and four year olds were enrolled in Head Start programs (Hogg 1990, 21). Currently, Head Start reaches 12 percent of all eligible children in the county, serving 2,800 of 23,140 eligible children between the ages of 3 and 5 (Russ 7 July 1991; Ruwe 8 July 1991). Another

A proven effective intervention for poor children. Head Start reaches just 12 percent of all eligible youngsters in Bexar County.

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Each dollar invested in Head Start saves $7 in special education, public assistance and incarceration.

250 children are expected to be enrolled in Head Start in Bexar County in the fall of 1991. The proposed 1992 federal budget for Head Start is estimated to increase $250 million for a total of $2.2 billion. But this funding level provides only enough money to maintain current services and falls far short of the Congressional commitment to serve all eligible children by 1994. To achieve the 1994 goal, Congress would need to appropriate a total of $4.3 billion in funding year 1992 (CDF 1991b, 39-40).

Despite the fact that Head Start does not reach as many children as it should, it remains a politically popular initiative, and for good reason. One study found that nearly 60 percent of Head Start graduates were employed at age 19, compared to just 32 percent of a control group. That same study found that 67 percent of Head Start graduates went on to complete their high school education and 40 percent had taken some college courses, compared to the control group in which only 49 percent graduated from high school and 21 percent continued their education past high school. Another study found that each dollar invested in Head Start saved $7 in special education, public assistance and incarceration (Reed, Sautter 1990, 8).

Texas Education Agency Prekindergarten Program

One study found that nearly 60 percent of Head Start graduates were employed at age 19, compared to just 32 percent of a control group.

Participation in quality preschool programs by low-income preschoolers reduces the likelihood of grade retention while enhancing academic performance through high school (TRL 1990, 1). One well-documented longitudinal study, the Perry Preschool Project, found that by the time low-income children who participated for one or two years reached 19 years of age, each dollar invested in the program yielded approximately six dollars in benefits to society. Reduced expenditures associated with remedial programs and public welfare assistance and increased tax revenues resulting from better employment and higher earnings by participating children clearly justifies the initial investment in early childhood intervention programs.

The Texas Education Agency (TEA) prekindergarten program provides educational intervention for "high-risk" 4-year-olds. Children served in this program are either from a low-income family or have limited English speaking abilities. The curriculum offers a half-day program consisting of intensive language development opportunities and activities aimed at fostering growth in such areas as communication, cognition, motor development, social development, and fine arts. Academically, this program readies a child for school. Practically, it does not serve the full-time caretaking needs of a working household or of a parent participating in job training.

School districts are directed to offer a prekindergarten program for 4-year-olds if 15 or more children can be identified (TAC 21.136). In 1989-90, all Bexar County districts offered prekindergarten with a total enrollment of 7,257 4-year-olds. In 1988, the Texas Education Agency estimated that statewide only 49 percent of the children eligible for this program were enrolled (TEA 1990a, 9, 10).

Since many children eligible for this school-based program live in working parent households, a half-day educational program does not meet the family's need for full-time caretaking. The Texas Education Agency reports that only 3 percent of all prekindergarten programs provide extended care before or after school (TEA, *et al.* 1991, 13). Working parents who send their children to these programs must make half-day child care arrangements, including transportation. Consequently, parents may be forced to choose a full-time caretaking arrangement over an academic readiness program.

A model program currently in operation in the Edgewood Independent School District provides an alternative to problems faced by parents who want their children to be ready for school, but must also arrange for full-time child care. San Antonio's poorest school district, Edgewood ISD was awarded an opportunity in 1989 to develop a model prekindergarten program for 3-year-olds. As one of nine state model programs, this school-based early childhood program offers unique programming for low-income, Spanish-speaking families. Its innovative approach addresses the educational needs of preschool children and also provides on-campus child care through a "wrap-around" system coordinated with the YMCA.

Statewide only 3 percent of all prekindergarten programs provide extended care before or after school.

The "wrap-around" educational child care design coordinates child care before and after structured academic programming. The coordination includes developmentally appropriate teaching techniques, curricula, and parent education activities. This plan offers families continuous, quality child care and preschool education. More educational programs, integrated with cost-effective, quality child care, would service both the educational as well as the caretaking needs of working families.

Coordination and the Role of Child Care

Early childhood education programs such as Head Start and the state's prekindergarten program are designed to assist children in making the transition to public school. However, quality child care centers can also offer school readiness experiences. This requires coordination among child care centers, Head Start and state subsidized school-based programs. The potential for coordination is strong, and Head Start, the Texas Education Agency and the Texas Department of Human Services have endorsed the concept (TEA, *et al.* 1991, 17).

Working parents who send their children to these programs must make special half-day child care arrangements, including transportation. For many, this arrangement is unmanageable.

While coordination appears to be a logical and resourceful answer to both caretaking and educational concerns, the barriers to coordination must be carefully reviewed. Difficulties arising from areas such as varying program goals, separate licensing and monitoring requirements, and differing child development policies and practices are all issues that must be resolved before successful coordination can take place. Efforts to integrate social services, child care and educational programming for preschool children are under consideration at the state level. However, there must be aggressive leadership at the local level to promote effective coordination strategies.

In San Antonio area districts as well as throughout the United States, most minority students attend schools that have predominantly minority student populations.

In 1990, Texas opened funding to expand preschool programs for 3-year-olds beginning in September of 1991. Children enrolled under a prekindergarten class would be entitled to the benefits of the Foundation School Program (SB No. 351, 72nd Texas Legislature). Under this program, districts may now offer prekindergarten programs for 3-year-olds qualifying under low-income levels or coming from limited English-speaking backgrounds. School districts will receive state reimbursements for each of these children.

In Bexar County last year, 2,686 (average daily full-time equivalent clients served) children attended day care funded by the Texas Department of Human Services. This number is projected at only 3 percent of all eligible children (TDHS 1991, 7).

The local government facilitates federally funded child care, state contracted child care legislated under the Family Support Act of 1988, and the Child Care Block Grant Act of 1990. Because funding is projected to double during the next fiscal year, the need to coordinate these resources becomes even more critical. Unless a local investment is made to coordinate teaching standards, curriculum materials, socio-emotive development activities, parent involvement, and social services resources, many of San Antonio's poor children will not enter school ready to learn.

II. Public Education

There are 12 publicly funded independent school districts in Bexar County charged with meeting the standards set by America 2000. Currently most children attend school in the district where they live. However, two magnet high schools, High Technology High School and Health Careers High School, accept students from outside the district. For purposes of this report, data concerning schools affiliated with military bases, private and parochial schools are not included.

Projections contained in *Destiny 2010*, a report produced by a city task force charged with identifying issues and future trends along with possible solutions to foreseeable problems, indicates that the San Antonio-area school-age population will grow 40 percent between 1990 and 2010 (Target '90 1989, 55). This expanded school population will total approximately 402,000, resulting in significant impacts upon growth in facilities, instructional staff and educational programs.

The Student Population

In 1989-90, the student population in Bexar County totaled 229,385. Bexar County schools were represented as follows: white students totaled 71,757, or 31 percent of the total school population; Hispanic students totaled 137,836, or 60 percent of the total population; black students totaled 17,303, or 8 percent; Asian students totaled 2,393, or 1 percent; American Indian

Table 1: Bexar County School Districts, by Ethnicity, 1989-90

District	Student Population	White %	Black %	Hispanic %	Other %
Alamo Heights	3,470	71	3	25	1
East Central	5,771	55	11	33	0
Edgewood	15,485	1	2	96	0
Harlandale	15,039	10	0	89	0
Judson	12,883	57	15	25	3
Northeast	39,622	62	7	29	2
Northside	49,447	45	6	47	2
San Antonio	61,156	7	12	81	0
Somerset	1,902	33	0	67	0
South San Antonio	10,692	7	2	91	0
Southside	2,819	25	0	74	0
Southwest	7,430	20	5	75	0
Bexar County	**225,716**	**31**	**8**	**60**	**1**

Source: Texas Education Agency.

students totaled 96, or less than 1 percent.

The distribution of ethnic populations within the districts reflects the ethnic distribution of the county itself. White students live primarily in the northside areas of the county, Hispanics predominate in the southside and westside areas. The greatest percentage of black students attend three districts—Judson, San Antonio and East Central—located closest to the eastside of the city.

In San Antonio area districts as throughout the United States, most minority students attend schools with predominantly minority student populations. Nationally, more than 71 percent of Hispanic students as recently as 1986 attended schools with a minority population greater than 50 percent (CDF 1991a, 84). The ethnic separation is even more apparent in Bexar County. In 1990, 71 percent of all Bexar County Hispanic students attended school districts with a Hispanic population greater than 74 percent (Table 1). School districts with majority white student populations have minority populations comprising less than 28 percent of all students.

All School Districts Teach Poor Children

That children from low-income families attend school districts throughout the San Antonio area is evidenced by the number of students within each district qualifying for free or reduced-price meals offered under the National School Lunch Program. Eligibility for free meals or reduced-price meals is determined if household income falls below a certain level. For example, a child from a four-member household whose annual income is less than

Table 2: Bexar County Students Approved for Free and Reduced Lunches, by District, March 1990

District	ADA#	Free Lunch	Reduced Lunch	Total Approved	%*
Alamo Heights	3,291	661	140	801	24
East Central	5,409	1,422	462	1,884	35
Edgewood	14,235	12,205	1,398	13,603	96
Harlandale	13,832	9,102	1,439	10,541	76
Judson	11,887	1,700	621	2,321	20
Northeast	39,364	6,812	1,794	8,606	22
Northside	48,814	12,043	3,938	15,981	33
San Antonio	55,502	43,820	5,091	48,911	88
Somerset	1,561	1,039	168	1,207	77
South San Antonio	9,808	7,348	1,290	8,638	88
Southside	2,159	1,853	250	2,103	84
Southwest	6,905	3,608	661	4,269	62
Bexar County	**213,127**	**101,613**	**17,252**	**118,865**	**56**

Average Daily Attendance.
* Percent receiving free and reduced lunches.
Source: Texas Education Agency.

These students are among the more than 100,000 who receive free or reduced lunches through Bexar County schools.

$15,730 is eligible for free lunch. Those from four-member households whose annual income is less than $22,385 are eligible for a reduced price lunch, typically 40 cents (EISD 1989).

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The National School Lunch Program serves over 11 million U.S. children daily (Rich 4 June 1991). In Bexar County districts, 118,865 children, or over half of all enrolled students, qualify for the National School Lunch Program. As Table 2 indicates, more than half of all districts have student populations in which 62 percent qualify for free or reduced lunches. As may be expected, the district within the poorest area in the county, Edgewood, has the largest percentage of eligible students at 96 percent.

Academic Achievement

America 2000: An Education Strategy

Goal 3:
American students will leave grades four, eight, and twelve having demonstrated competency in challenging subject matter including English, mathematics, science, history, and geography; and every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning and productive employment in our modern economy.

Goal 4:
U.S. students will be the first in the world in science and mathematics achievement.

More than half of all ninth-graders in those schools with more than 76 percent free or reduced lunch-eligible children did not pass the TEAMS examination.

National testing initiatives proposed under Goals 3 and 4 of *America 2000: An Education Strategy* call for achievement from American students. The Texas Educational Assessment of Minimum Skills (TEAMS), administered for the last time during academic year 1989-90, and taken by all Texas schoolchildren, indicates how San Antonio students measure up.

The most alarming scores with respect to free or reduced lunch-eligible children are the ninth-grade passing rates. More than half of all ninth graders in those schools with more than 76 percent free or reduced lunch eligible children failed to pass the TEAMS examination. Ninth-grade students in districts with fewer than 38 percent free or reduced lunch eligible students had a mean pass rate of 72 percent.

In 1989, the last year TEAMS was administered, all 11th grade students must have passed TEAMS examinations in order to graduate in 1991. While graduation data will not be available on 1991 graduates until later this year, the average TEAMS pass rates taken by the class of 1991 give a predictable indication of 1991 graduation rates. Data from districts holding a high percentage of free or reduced lunch population indicate an average pass rate

Table 3: Percentage of Bexar County Students Passing TEAMS Tests, 1989-90

District	Grade 3	Grade 5	Grade 7	Grade 9	Grade 11
Alamo Heights	69	81	90	73	80
East Central	66	78	76	67	76
Edgewood	54	60	63	43	60
Harlandale	52	56	72	49	59
Judson	83	88	87	79	84
Northeast	78	86	86	70	82
Northside	72	82	85	71	83
San Antonio	50	66	73	52	68
Somerset	23	36	75	53	65
South San Antonio	75	73	70	45	68
Southside	40	63	79	44	73
Southwest	60	62	72	50	71
Bexar County	**60**	**69**	**77**	**58**	**72**

Source: Texas Education Agency.

of 66 percent, while the remaining districts with fewer students eligible for free or reduced lunches had a median pass rate of almost 82 percent. Simply, assessment pass rates must increase substantially if San Antonio districts are to meet the competency goals by the year 2000. Additionally, new educational strategies must accompany future strategies for measuring academic achievement. Without adequate educational resources and support systems, students failing present state examinations cannot be expected to pass higher and more difficult national standards. In late 1991, a new competency analysis will be conducted based on results of the Texas Assessment of Academic Skills (TAAS), which replaced the TEAMS test in 1991.

Environment, Family and Academic Effectiveness

Preparation for responsible citizenship, further learning and productive employment exceeds the bounds of competencies measured by achievement tests. In order to meet the goal's challenge, a child's education must be viewed comprehensively, inclusive of interactions among home environment, family structure and academic effectiveness.

Parental involvement in education is a key factor widely recognized as important to a child's level of achievement. James Comer, a noted child psychologist, educator and philosopher at the Yale Child Study Center, asserts, "When parents become aligned with the school, you reduce the dissonance between the home and the school and you give the kid a long-term supporter for education at home" (Comer 1984, 323). While dissonance

between home and school may be created by lack of parental involvement in the educational system, what must be given closer examination is not whether there is dissonance, but why. Family circumstances, including households headed by only one parent, employment status, income, language barriers, housing conditions, and neighborhood environments, are critical elements that must be recognized and understood if public school systems are to ally with parents in preparing children for responsible citizenship.

Poor families live within school districts throughout the county. Edgewood has the highest percentage of families living below poverty, 31 percent. Nearly 40 percent of all poor households are female-headed. San Antonio ISD, the largest district in the county, has 45 percent of all families living under poverty headed by female householders, and almost 42 percent of all poor households are female-headed with school-age and younger children.

School Finance Reform

Historically, public school funding schemes have relied heavily on local property taxes. However, vast disparities exist in the capacity of school districts to raise revenues in this manner. Obvious inconsistencies emerge upon examination of the tax bases of wealthy and poor school districts. Property poor school districts are simply unable to raise sufficient revenue to

Table 4: Bexar County Families Below Poverty Level, by School District, 1980

		POOR HOUSEHOLDS		
District	% Families Below Poverty	% Female Headed	Female-Headed With Related Children <18	Female-Headed With Related Children <6
Alamo Heights	5	48	34	10
East Central	8	33	32	9
Edgewood	31	39	39	20
Harlandale	21	34	31	15
Judson	6	44	42	19
Northeast	5	45	41	16
Northside	7	41	39	18
San Antonio	23	45	42	22
Somerset	25	22	20	11
South San Antonio	21	37	35	20
Southside	29	23	23	13
Southwest	15	27	27	19
Bexar County	**15**	**41**	**38**	**20**

Source: U.S. Bureau of the Census.

Source: Texas Education Agency.

Table 5: Bexar County Real Property Taxable Value and Total Expenditures, Per Pupil, by School District, 1990

District	Taxable Value Per Pupil	Total Expenditures Per Pupil
Alamo Heights	$538,824	$4,753
East Central	113,790	3,148
Edgewood	38,364	3,655
Harlandale	53,877	3,491
Judson	173,902	2,887
Northeast	298,185	3,344
Northside	202,705	3,053
San Antonio	127,322	3,827
Somerset	55,696	3,359
South San Antonio	57,538	3,391
Southside	55,546	3,089
Southwest	56,682	2,746
Bexar County	**$147,703**	**$3,395**

support schools beyond the foundation amount guaranteed by state.

Equality in school finance reform began in San Antonio through a U.S. Supreme Court challenge based on equal protection grounds. Although the decision in *San Antonio ISD v. Rodriguez* foreclosed the use of the federal constitution in school finance reform, this case gave rise to lawsuits throughout the country in which school finance systems were challenged under state constitutional provisions. In the *Edgewood ISD v. Kirby* lawsuit initiated in San Antonio, the Texas Supreme Court found the state school finance system to be unconstitutional. Inequities brought to focus by virtue of these two lawsuits clearly profile school districts in Bexar County.

Low property values, such as those found in the Edgewood district, fail to produce enough local revenue to equal the amount spent by high-wealth districts, such as Alamo Heights. Furthermore, poor districts must raise taxes to try to keep pace with wealthier districts. This causes businesses and homeowners to locate in districts with lower tax rates—the wealthier districts—further widening the property value disparities of poor and rich districts. Wealthier districts are capable of allocating extensive enrichment funds for the improvement of educational programs and can also lure trained, experienced school personnel with higher salary schedules, whereas low wealth districts are incapable of either (Cardenas 1990a, 1).

These disparities are seen clearly in Table 5, which illustrates each district's taxable value per student. The wealthiest district in Bexar County, Alamo Heights, has $538,834 of assessed valuation per pupil, whereas the poorest district, Edgewood, has only $38,364, a ratio of 14 to 1.

Table 6: Bexar County Teacher Salary and Profile, by School District, 1990

District	Average Teacher Salary	Average Years of Experience	% with Advanced Degrees
Alamo Heights	$32,918	14.9	60
East Central	23,965	9.5	28
Edgewood	24,557	9.9	22
Harlandale	25,141	10.9	27
Judson	24,825	11.0	31
Northeast	26,951	12.0	43
Northside	25,632	11.1	39
San Antonio	28,061	13.4	37
Somerset	22,112	7.7	20
South San Antonio	25,602	11.2	29
Southside	22,929	8.5	24
Southwest	24,287	8.1	19
Bexar County	**$25,581**	**10.7**	**32**

Source: Texas Education Agency.

The national average expenditure per pupil in 1990 reported by the National Education Association was $4,890. Texas spends an amount lower than the national average and is ranked 37th among all states and the District of Columbia, with a total of $4,056 spent per pupil (Cardenas 1991b, 2). All districts in Bexar County spend less than the national average per student. All San Antonio districts but one, Alamo Heights ISD, at $4,753, spend less than the average per pupil in Texas.

Table 6 shows that while most average teacher salaries from eleven of the twelve school districts range from $22,929 to $26,951, the average of the wealthiest district, Alamo Heights, is 43 percent higher than in the poorest.

The test of whether equalization in school funding is finally realized in Texas comes as a new funding plan begins implementation this 1991-92 school year. During the 72nd Texas Legislative Session, Senate Bill 351, the 1991 school finance bill, was signed into law.

That bill was the product of a court-mandated directive, after many failed and unconstitutional attempts, to design a school funding scheme that would achieve greater funding equalization between rich and poor school districts. Although the new finance law was the result of numerous compromises, critics of the law cite more weaknesses than strengths. A key consultant to the plaintiffs during the litigation phase of the battle writes, "A major drawback in the legislation is its failure to appropriate the revenue required to make the new system operational" (Cortez 1991, 3).

Others are more skeptical. Since the new legislation regarding school finance requires a certain level of property taxation, some say foreclosures

and tax delinquency will result, offsetting the gains made from the distribution of resources. The effects of the new school finance system remain to be seen.

III. Dropouts in San Antonio

America 2000: An Education Strategy

Goal 2:
The graduation rate will increase to at least 90 percent.

For San Antonio schools to reach this goal, the attrition rate must decrease 40 percent. Reaching this level seems unlikely unless immediate and powerful measures are taken. The national graduation rate in 1988 was 71 percent. In 1988, Texas ranked 44th with a graduation rate of 65 percent (CSSP 1991, 72).

School failure impoverishes children and the community. The effects of poverty on educational attainment have been well documented, and most agree that education is the single most important factor in helping children to escape poverty. Attention to the balance between these interrelationships will help determine the educational future of our children, and of our city.

Family income and gender were found to be major factors in high school completion and college participation in an analysis done by the American

Source: Texas Education Agency.

Table 7: Percent of Bexar County Students Considered Low-Income and Dropout Rates, 1989-90 by School District

District	% Low-Income	Dropout Rate
Alamo Heights	21	1.7
East Central	31	3.4
Edgewood	92	5.4
Harlandale	68	2.8
Judson	16	4.0
Northeast	21	3.5
Northside	31	2.6
San Antonio	82	11.3
Somerset	66	3.0
South San Antonio	84	10.2
Southside	76	5.8
Southwest	61	5.6

Table 8: Bexar County Median Household Income and Percent of Adults 25 and Older with High School Diplomas, by School District, 1980

District	Median Income	% High School Graduates
Alamo Heights	$20,920	85
East Central	16,544	72
Edgewood	10,698	28
Harlandale	11,879	38
Judson	20,646	*
Northeast	21,260	81
Northside	20,593	76
San Antonio	10,754	46
Somerset	12,769	*
South San Antonio	12,453	45
Southside	11,901	13
Southwest	14,550	60
Bexar County	**$15,085**	**63**

* Data not avaialble.
Source: U.S. Bureau of the Census.

Council on Education (ACE 1989, 3). These data revealed that students from poor families had the lowest high school completion rates compared to middle- and upper-income students. In Bexar County, dropout rates for students in districts with the highest number of low-income students are comparable to those in the national study.

Table 7 shows that two districts with the lowest percentage of low-income students, Alamo Heights and Northeast, also had among the lowest dropout rates. Edgewood, with the highest number of low-income students, did not have the correspondingly highest dropout rate. San Antonio—the largest district in the county—has an 82 percent low-income student population and the highest dropout rate in the county.

Comparing figures from Table 1 and Table 7, the relationship between poverty, ethnicity and dropouts is apparent. Those school districts with the lowest percentages of minority students, Alamo Heights, Northeast, and Judson, also had the lowest percentage of low-income students. These same

The national graduation rate in 1988 was 71 percent. In 1988, Texas ranked 44th with a graduation rate of 65 percent.

Dropout: A student who is absent from school for 30 or more consecutive days without approved excuse or documented transfer from the public secondary school (grades 7-12) in which the student is enrolled. Also, a student who fails to re-enroll during the first 30 consecutive school days in the following semester or school year without completing a high school program.

Data from the 1980 census show that only 59 percent of all San Antonio adults 25 years of age and older and 63 percent of the Bexar County adults in that age group were high school graduates.

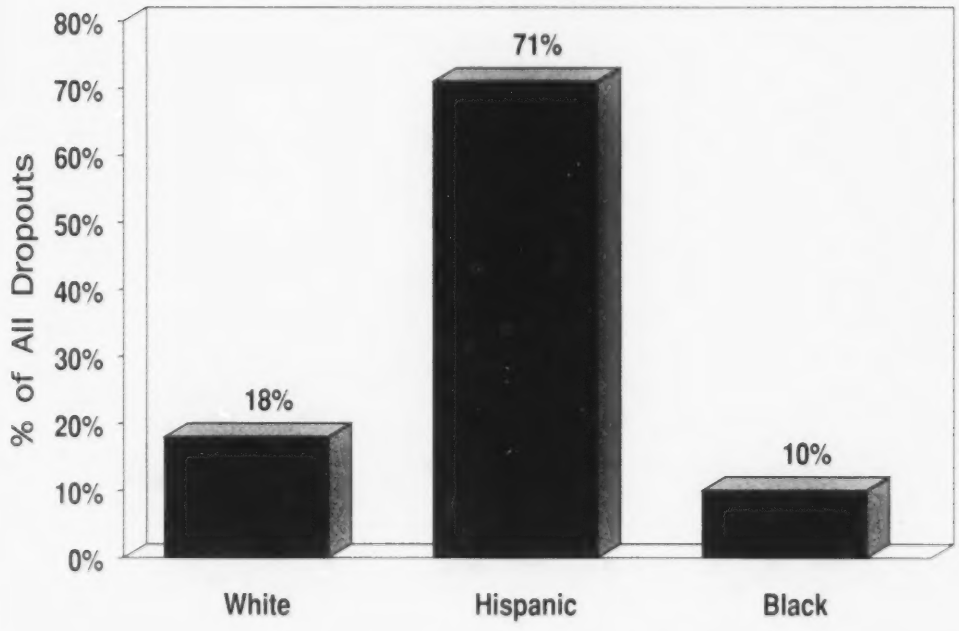
three districts had an average dropout rate of less than 4 percent. In contrast, those districts with the greatest percentage of minority students, Edgewood, Harlandale and South San Antonio, had the highest percentage of low-income students, the highest percentage of minority student enrollment, and a combined dropout rate of 7 percent.

The disparity in wealth between those who complete an education and those that do not may be examined by looking at the median household incomes compared with the percentage of the population who completed a high school education. Data from the 1980 census show that only 59 percent of all San Antonio adults 25 years of age and older, and 63 percent of the Bexar County adults in that age group were high school graduates. As Table 8 on the previous page shows, those districts with the lowest median income have the lowest percentage of high school graduates.

When a student drops out of school, the failure belongs not only to that individual, but to the community as well. The student faces an immediate disadvantage in earning capacity, which may in turn result in a lifetime loss of self-esteem. The community suffers from a loss of productivity, a loss of future tax revenues, a potential increase in human services expenditures, expanded police protection, judicial intervention, and greater expenditures in construction of jail facilities (O'Hair, *et al.* 1989).

Investment in dropout prevention programs result in positive outcomes

Figure 1: Public School Dropouts by Ethnicity, Bexar County, 1989-90



Source: Texas Education Agency.

Table 9: Public School Dropouts by School District, Bexar County, 1989-90

District	Total Dropouts	Fall Survey*	Dropout Rate
Alamo Heights	25	1,511	1.7
East Central	84	2,502	3.4
Edgewood	303	5,581	5.4
Harlandale	169	6,127	2.8
Judson	228	5,720	4.0
Northeast	628	18,131	3.5
Northside	557	21,553	2.6
San Antonio	2,662	23,585	11.3
Somerset	23	772	3.0
South San Antonio	422	4,145	10.2
Southside	64	1,112	5.8
Southwest	151	2,698	5.6
Bexar County	**5,316**	**93,437**	**5.7**

* Represents a one-day head count of students enrolled on the first Monday of October 1989.
Source: Texas Education Agency.

for the community as a whole. Fiscal benefits realized by providing effective education to those students disengaged from the formal educational system outweigh substantially the costs of investment in dropout prevention programs. As illustrated by a study conducted by the Intercultural Development Research Association, costs in lost wages and tax revenues alone justify the investment in programs that ensure a more complete education for potential dropouts (Ramirez, *et al.* 1987, 2). This study concludes that for every dollar spent on dropout prevention and education of the potential dropout, $9 will be returned. In other words, benefits estimated at $17.545 billion related to savings in public welfare costs, unemployment, crime, incarceration, training and adult education, outweigh the study's estimated $1.90 billion investment in prevention.

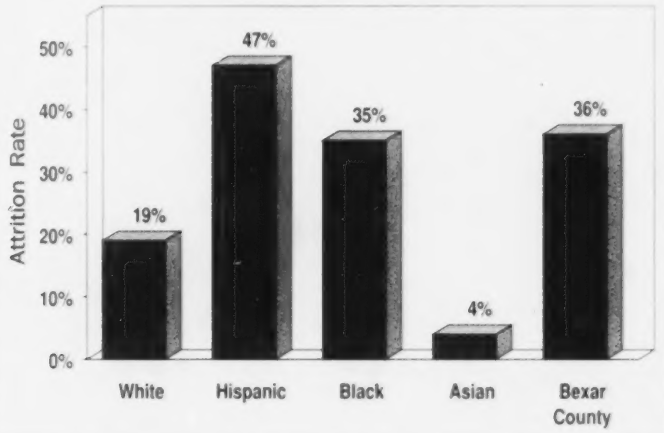
Every dollar spent on dropout prevention and the education of the potential dropout returns $9.

Statewide, a total of 70,753 students dropped out from grades 7 through 12 during the 1989-90 school year. Of the total dropouts, 35 percent were white, 44 percent were Hispanic, 19 percent were black, 2 percent were Asian and 1 percent were American Indian (TEA 1990b). During the same school year in Bexar County, 5,316 students dropped out. As Figure 1 indicates, Hispanics comprised 71 percent of the total number of students dropping out of school during academic year 1989-90.

While the dropout rates reported by the Texas Education Agency are alone enough to cause alarm, statistics compiled by the Intercultural Development Research Association (IDRA) show that attrition rates for Bexar County students are even more startling. Through a technique developed for estimating a cohort dropout rate through longitudinal attrition calculations,

Source: Intercultural Development Research Association.

Figure 2: Attrition Rate by Ethnicity, Bexar County, 1988-89

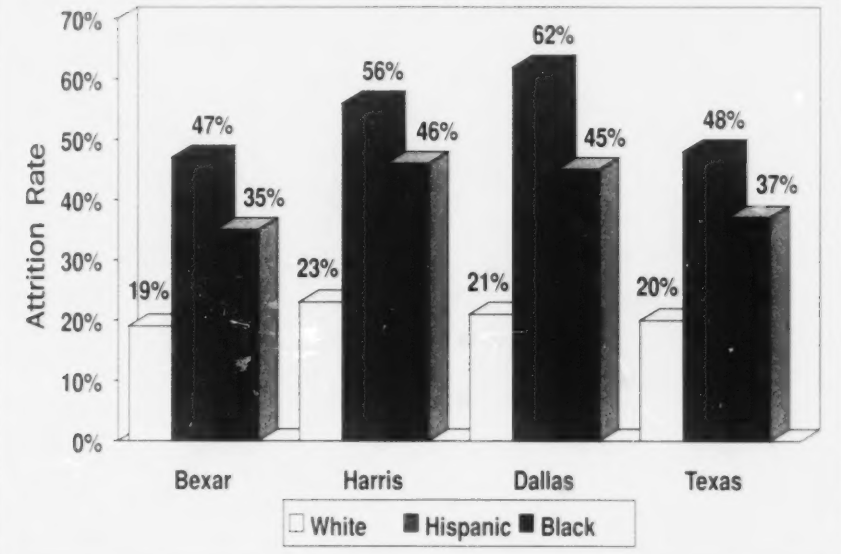


IDRA has assessed an overall attrition rate for Bexar County students grades 9 through 12 at 36 percent. In other words, more than a third of all ninth-grade students in Bexar County's public schools will not graduate from high school.

Students in Texas drop out for a variety of reasons. However, the reasons become critical when planning educational programs and support services for students at risk of leaving school. The reason most frequently documented for 25,569 Texas dropouts was poor attendance (16 percent). The next most frequent reason at 5 percent was to pursue a job. Other reasons varied from students feeling they were too old, to quitting because of pregnancy. The most

Source: Intercultural Development Research Association.

Figure 3: Attrition Rates of Three Texas Counties and Statewide, 1988-89



Attrition rate: The projected percentage of students entering ninth grade who will not graduate from high school. The rate takes school transfers and moves from one district to another into account, and thus represents only students who do drop out.

telling figure about the failure of our school system to respond to the needs of our students at risk is that the reasons for leaving school are unknown for 63 percent of all Texas dropouts (TEA 1990b).

Statewide, pregnancy was not cited as one of the most frequently cited reasons for dropping out of school. Even so, the effects of pregnancy on any young mother and her child, regardless where in San Antonio she is enrolled, can be far reaching. But a pregnant teenager living in poverty faces multiple educational, economic, and social consequences. Lack of family financial support systems will likely cause a teen living within a low-income family to apply for public assistance, and many may give up any aspirations for higher education. Last year in Region 9, in which Bexar County is located, 2,145 teen mothers (under 20 years old) received AFDC benefits for their children (TDHS 1991).

Table 10 shows that the highest percentage of teen births in 1989 occurred within school districts (Edgewood, San Antonio and South San Antonio) where more than 82 percent of the student body was identified as low income. Districts with less than 21 percent low-income student populations (Alamo Heights, Judson and Northeast) had less than 2 percent of all births occurring to teens within the district boundaries. These districts also recorded the highest percentage of students planning to go to college.

More than a third of all ninth-grade students in Bexar County's public schools will not graduate from high school.

Table 10: Births to Girls Under 17, by School District, Bexar County, 1989

District	Total Births	# Births <17	% Births <17
Alamo Heights	308	4	1.3
East Central	418	15	3.6
Edgewood	1,375	76	5.5
Harlandale	1,407	62	4.4
Judson	549	7	1.2
Northeast	4,282	68	1.6
Northside	4,266	120	2.8
San Antonio	5,966	296	5.0
Somerset	190	6	3.2
South San Antonio	216	8	3.7
Southside	151	6	4.0
Southwest	216	8	3.7
Bexar County	**19,344**	**676**	**3.5**

Source: San Antonio Metropolitan Health District.

Promoting positive development in teenagers who feel isolated from adults, devoid of support and guidance from someone they trust, is crucial if the dropout problem is to be effectively addressed. Unless schools offer more mental health, social and medical services, the percentage of children who slip past the system will surely continue. Teachers, school counselors and community members must reach out to students who feel disengaged from the system, subsequently leaving school without ever telling anyone why.

IV. Further Learning: College Aspirations

Plans for higher education are not a factor for a large percentage of San Antonio students, especially if they are part of districts with a high number of low-income students. Lack of adequate college preparation, lack of family financial resources to finance a college education and the shift in focus of federal, state and institutional financial aid programs from poor to middle-income students are just a few of the reasons low-income students may not aspire to include college in their future (Mortenson 1990, 2).

As Table 11 shows, students who attend districts with the lowest percentage of low-income students have the greatest percentage of students planning to attend college. Although the numbers in this table may be inflated owing to the self-reporting nature of the data, the percentage still indicates clear perceptions about accessibility of and opportunity for higher education.

Historically, higher education in Texas has not been readily accessible to many poor and minority students. Moreover, public higher education

Table 11: Students Planning to Attend College, by School District, Bexar County, 1990*

District	% Low-Income	% Planning to Attend College
Alamo Heights	21	89
East Central	31	55
Edgewood	92	62
Harlandale	68	42
Judson	16	70
Northeast	21	72
Northside	31	69
San Antonio	82	54
Somerset	66	47
South San Antonio	84	57
Southside	76	47
Southwest	61	66

* These percentages are an inflated indication of students' academic intentions. Many who claim a desire to attend college do not take college entrance exams. However, the figures are valid as tools for comparison, since the level of error is likely the same among all students.
Source: Texas Education Agency.

institutions in minority regions have received fewer funding resources than other universities in less minority-populated areas.

In 1981, the Office of Civil Rights found Texas to be violating civil rights laws under Title VI of the Civil Rights Act of 1964, which provides that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participating in, denied the benefits of, nor be subjected to discrimination under any program or activity receiving federal assistance. As a result, Texas "committed itself to intensive, institutional efforts to improve and increase Black and Hispanic participation in its public system of higher education by 1988." This pledge included increasing minority graduate and undergraduate enrollment, increasing the numbers of minorities graduating, and increasing the presence of minorities on the faculties, staffs and governing boards of its post-secondary institutions (Vera 1989, 6). The University of Texas at San Antonio (UTSA) was not required to set goals, because its enrollment was already at 50 percent of parity, so it was not mandated under the Texas Plan to set goals to reduce by at least half the proportions of white and black or Hispanic students entering or transferring for the first time from a public post-secondary institution.

A suit brought by the Mexican American Legal Defense and Education Fund and the League of United Latin American Citizens alleges that the University of Texas Coordinating Board discriminates in the allocation of resources to the Texas border area. The allegation states that UTSA and other public universities in the border region have not received the resources nor the breadth and quality of programs—especially professional schools and advanced programs—as have other public universities in the state (*LULAC, et al. v. William P. Clements, et al.*, 1990).

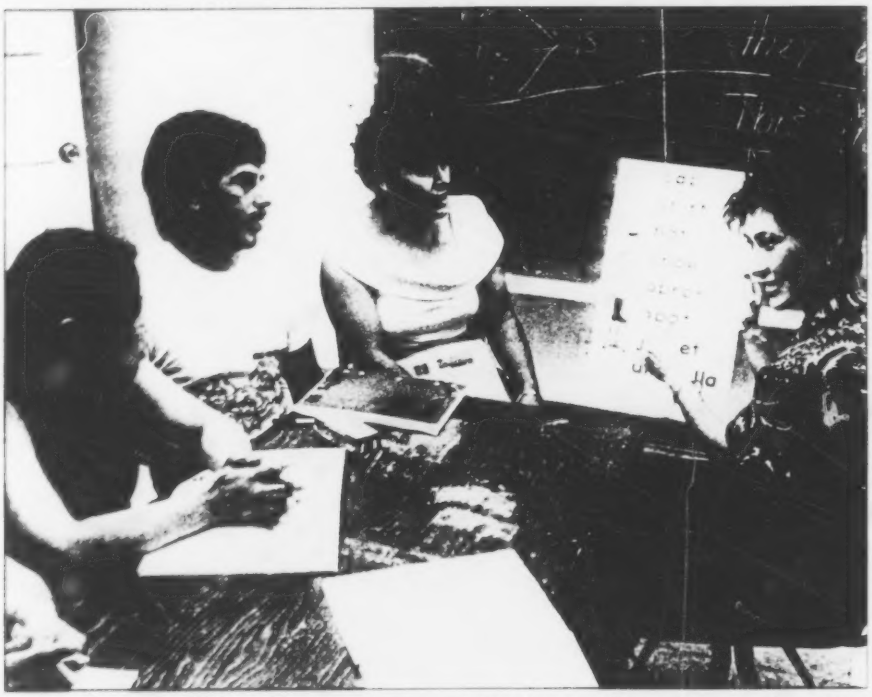
V. Literacy

America 2000: An Education Strategy

Goal 5:
Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

Illiteracy creates multiple problems for everyone striving for meaningful participation in the labor force. The ability to obtain a job, retain it and progress in a career depends on basic literacy skills. Moreover, today's labor market and opportunities for career advancement require not only the ability to read, but also require higher order thinking skills (Rockefeller Foundation 1989, 17). Computerization of information within industries such as banking and insurance demands a work force capable of dealing systematically with

Estimates say that 27 million Americans, 2,133,284 Texans and 152,329 adults in San Antonio, are functionally illiterate.
Source: San Antonio Literacy Council.



large volumes of data. Developments within the textile markets and service industries now utilizing microprocessors and other electronic components require the ability to read complex manuals and diagrams. Without a literate work force, San Antonio will not be able to participate in the growing technology-based global economy.

Functional illiteracy: The inability to use basic reading, writing and computational skills in everyday life situations.

San Antonio is far from reaching the *America 2000* goal. Twenty-three percent of the city's adult population is unable to read, write and compute (SALC). The consequences of this reality are being felt today, with high unemployment rates, even higher percentages of workers employed in the low-paying service sector, and an economic forecast that excludes the higher-paying technological industries.

23 percent of San Antonio's adult population is unable to read, write and compute.

In addition to employment, literacy touches so many other aspects of life. Illiterate parents are not able to read information on preventive medical techniques, hampering their ability to properly care for themselves and their children. Illiterate individuals may be unable to find out about available services for themselves and their families. The inability to read also hampers their opportunity for personal development and reduces the extent to which parents can participate in their children's schooling.

An investment in basic literacy skills will result in a more productive and less dependent local society. An investment in education and training in

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higher order thinking skills will prepare our citizens for the demands of a global economy.

VI. Conclusion

The Texas Constitution holds public education as a priority. Poverty jeopardizes the full enjoyment of the right to receive an adequate education. Children living in economically poor environments suffer from disadvantages that continue throughout their academic life. Inadequate preparation for kindergarten translates into starting school inadequately prepared. These same children are at risk of later school failure. High dropout rates precede low-wage employment or frequent unemployment.

The national education goals challenge parents and communities to become involved in the measurement of school achievement. Even a resurgent educational system will fail if life circumstances for poor families are not improved. Accountability cannot be limited to the education system. It must extend to all systems needed to support families. Resources must be allocated to ensure that all children live in an environment conducive to learning, free from the deprivations that accompany poverty.

Local initiatives designed to eliminate the disparities between wealth and educational achievement are important steps in providing an adequate education, but more importantly, they are imperative if San Antonio's work force is to meet the challenges of a competitive and productive economic future.

If San Antonio's work force is to meet the challenges of a competitive and productive economic future, education must be a primary concern for educators, community leaders and elected officials.

EDUCATION

Education is an important key to eliminating poverty. Participants strongly expressed the view that federal and state funded programs, in addition to the public school system, have a major responsibility to assure that children receive quality academic preparation.

Education for children begins with educating parents. Helping parents learn skills leading to self-sufficiency encourages them to create better living and learning environments for their children. Participants agreed that quality preschool programs also serve a critical function in providing children with skills they need to achieve. Federal and state funded early childhood programs must be expanded to serve all eligible low-income children. Public school early intervention programs were a particular concern. Participants expressed doubt about the ability of public schools to teach children successfully at the preschool level. Measuring the public school system's effectiveness by its lack of success with low-income students at upper levels, public school early intervention must improve to prepare children for learning.

Developing adequate public education resources is only the first step in providing poor children with an effective education. Those resources must be appropriately targeted. Because San Antonio's dropout rate from seventh grade through high school is inordinately high, participants maintained that schools must be held accountable for a student's underachievement, for diluted curricula and for school failure in general.

Skills training meshed with literacy was seen as a dynamic solution to the challenge of designing effective employment and training programs. Moreover, it was strongly recommended that adult literacy efforts continue as a priority and that information about available community support services be spread through organized literacy campaigns. Participants strongly asserted the importance of federal, state and local funding commitments to ensure equitable quality education.

Community Response

- The following includes responses made by individuals examining the educational obstacles facing low-income children and families:
  - ***Develop an education ethic shared by government, business, non-profits and citizens that is inclusive and fair for all.***
  - ***Promote the expansion of programs educating pregnant teens and parents of young children in skills that promote independence, self-sufficiency and effective parenting.***

- ***Increase federal budget commitments for the Head Start Program to ensure participation of all eligible children.***

- ***Design developmentally appropriate, linguistically and culturally sensitive public school pre-kindergarten programs that prepare children adequately to begin school.***

- ***Provide adequate after school care alternatives for school-age children of working parents.***

- ***Promote the integration of "wellness" clinics within public school settings to provide counseling and health education.***

- ***Continue efforts to achieve equitable methods for financing public education other than the property tax system.***

- ***Encourage school planning to facilitate integration of increased minority presence as demographics and migration trends shift.***

- ***Refrain from tracking minority students into education plans offering inadequate preparation for further higher education for enhanced employment and training opportunities.***

- ***Encourage strong parental involvement within public school education and provide necessary support services to help families support their children through a high school education.***

- ***Provide necessary support services for children and families to enable them to continue and complete education requirements.***

- ***Introduce skill-based academic testing instead of relying on standardized tests to measure academic competency.***

- ***Promote public school accountability in addressing the special needs of poor and limited-English-proficient children.***

- ***Insist upon public school accountability for student underachievement and attrition. Make sure school districts provide an adequate education, not just graduate students.***

- ***Redesign curriculum so it reflects the accomplishments and contributions of all American races and ethnic groups.***
- ***Raise the Bexar County graduation rate to 90 percent.***
- ***Devise systems so public school districts can accurately report college enrollment by graduates.***
- ***Enhance the ability of low-income minority students to gain access to and complete higher education, including graduate programs.***
- ***Develop and design training programs to include an integrated program of literacy, mathematics skills, and job training.***
- ***Use literacy programs to teach parenting skills and wellness and to provide community resource information and referrals.***

CHAPTER 3

Juan and Maria have lived in their present home for the past 11 years. A console TV is the only luxury in their small westside home.

Juan's family has been in San Antonio since the early 1920s. Maria was born in Piedras Negras, Mexico, and moved to San Antonio with her two small sons in 1969 following her divorce from her first husband. In 1976, the couple met while working at a cigar factory and were married within a few months. Juan later adopted the boys.

Already grandparents at age 40, the couple has children at home ages 11, 8 and 3.

Juan and Maria have faced many obstacles since their marriage. Even though Juan has a high school education, he found it difficult to secure a job to support his family. So they pursued a different course: the migrant road that offers steady work at little pay. For three years in Minnesota, Maria worked in the fields picking potatoes and beets while Juan earned a little more as a trucker.

The family would have continued this existence except Juan became very ill. A cyst began to form in his lower back and worked its way to his bone. Maria tried keeping the family afloat by applying for food stamps and working in the fields.

In 1980, the family came back to San Antonio, where with the help of Juan's family, they moved into a rental house. Juan continued to receive medical care at the Barrio Comprehensive Family Clinic because of his Medicaid benefits. The return to San Antonio was an uphill battle. Juan was unable to work and Maria was only able to do domestic chores that gave them very little money. Their problems only got worse when the comprehensive social services Juan had been receiving through his migrant worker benefits were stopped. Now, he was having trouble obtaining these benefits in San Antonio.

The family had no idea where to go. They got some information from family members, but no solid answers. They realized phone calls were pointless, and that they would have to go to various agencies and face the endless lines. But still no help. Exasperated, Maria went to the food stamp office. She explains, anger apparent in her voice, "A look can say a lot. We were treated like beggars or worse. It was as if we were cheating."

Their frustration was so great they decided to temporarily rely on Juan's family for help. Weeks turned into months, and Juan still couldn't find work. He looked for work as a trucker, but found his leg brace was seen as a potential health problem by prospective employers. He finally found work with a local lawn care company. The pay was not much but at least the job offered stability. Six months later he was laid off, so Juan decided to take things into his own hands. He bought some used lawn care equipment and with his truck, began circling nearby communities and posting signs. Within six months, he had a small but steady line of customers.

His business only lasted six years because

EMPLOYMENT

of sporadic work due to hot summers or long winters. Juan's hypertension and his lack of money to replace worn out tools. He continued to work until the truck broke down.

Then Juan got a break: he found a part-time job as a bus driver for a local school district. He still drives the bus, but finds he needs more income to make ends meet. Juan works any odd jobs he can for extra money. Because he works part-time, Juan doesn't qualify for health care benefits; however, Medicaid pays for many of his and his family's medical expenses.

Despite ups and downs this family has had, their fighting spirit just grows. "The children need clothes and supplies for school." Mary says. "Juan might get sick, we are always worried about tomorrow, but that's okay. Right now, I have an aunt from California, who sent the girls some clothes the other day. My neighbor has a child just a little older than my son who gives us his old clothes. Every little bit helps."

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Highlights

- More than half of all poor households in the San Antonio area have a family member in the work force.
- San Antonio has the lowest average family income of the 50 largest metropolitan areas in the country, and the disparity between the wealthiest and poorest fifth of San Antonio's population is greater than in all but six of the largest metro areas.
- San Antonio's per capita income was $13,436 in 1988, 19 percent below the national average. The income level ranked 244th among 319 metropolitan areas in the country, down from 202nd in 1983.
- In 1995, the service and trade sectors will employ 61 percent of all San Antonio workers, up from 57 percent in 1985.
- Nationally, half of all minimum wage jobs are in the service sector; and 70 percent of all workers earning minimum wage are adults.
- Twenty-one percent of Bexar County's Hispanic labor force is employed in service category jobs, compared to just 8 percent of non-Hispanics. On the other hand, 31 percent of the non-Hispanic labor force is employed in managerial and professional occupations, compared to 10 percent of the Hispanic work force.
- A successful job training program, CET, in San Jose, CA, has achieved greater employability, higher wages and more work hours for former welfare recipients. CET stresses integrated skills and remedial training and has no screening process for participants.

Since the industrial revolution, a fundamental tenet of the American ethic has been that if an individual procured steady employment, worked hard and saved a little, all the fruits of the American Dream would be attainable. Elements of that dream included adequate shelter through home ownership, provisions of basic needs such as food, clothing and essential health care. Each succeeding generation of parents relied on the education system to provide a vehicle that would enable their children to surpass their own socio-economic plateaus.

Today, this nation's citizens react in amazement as the realization that the old cliché "get a job" is no longer a simple solution for securing a higher quality of life for one's family. The most recent casualties of poverty are those who least expected to be poor—the working poor. Like the rest of the nation, San Antonio's 21 percent poverty rate includes persons currently employed or underemployed as well as those unemployed. Persons hovering just above the poverty level are often at risk of spiraling down the economic

ladder due to layoffs, low literacy and skill rates, lack of employee health and other benefits, inadequate child care opportunities, and a variety of other factors.

Low wages transcend wealth. Poor families often have difficulty owning or maintaining a home. As seen in Chapter 1, the working poor are in many cases excluded from the health care system. To everyone, wages are a standard of one's quality of life, but for the poor, meager incomes often do not cover basic necessities.

A change in the wage structure, however, is unlikely to occur soon without action on the part of many in San Antonio. Employment projections for the next decade point to the service and retail sectors of the economy as the areas of greatest growth. Unfortunately, jobs in these areas are often low-paying, seasonal, and they do not provide benefits such as health insurance. Compounding the employment outlook for San Antonio is the failure of an inequitably funded educational system that often ill prepares its citizens for jobs requiring skills, knowledge and ability beyond basic literacy and numeric skills.

Poverty is measured by wealth, and wealth is a result of employment. To reduce poverty, economic opportunities must be made available for all in San Antonio, including the poor, and the local work force must be developed to meet the needs of the current and emerging global economy.

In 1985, 52 percent of all poor households in the San Antonio metropolitan area had at least one individual in the work force.

Beyond the poor and near-poor working individuals and families, low-wage employment reaches persons and businesses across the city. A higher wage structure means added purchasing power, resulting in greater commerce for local manufacturing, service and retail outlets. More purchases also contribute to a higher tax base through sales taxes, and more wealth enables families to maintain their homes, allowing owners to maintain their property values to keep their value and generate greater property taxes. For these reasons, it is in everyone's interest to examine and pursue alternative strategies to improve the quality of employment opportunities available in San Antonio.

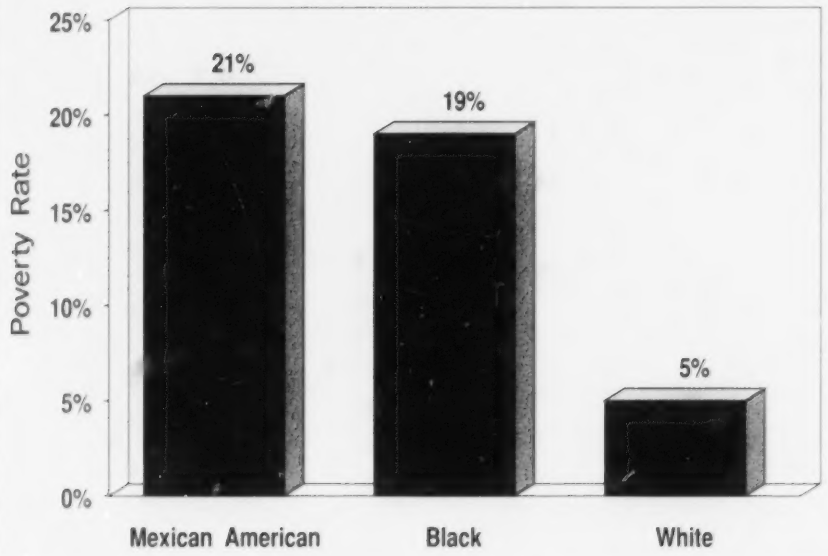
I. The Working Poor

For many San Antonians, employment is not a guarantee from poverty. In 1985, 52 percent of all poor households in the San Antonio metropolitan area had at least one individual in the work force. Moreover, of these 66,800 poor households, 47 percent received the majority of their income from employment (US DOC, US HUD 1990, 22).

The 1980 census gives much the same picture, reporting that 54 percent of all poor households had a wage earner. By ethnicity, 58 percent of poor white, 55 percent of poor Hispanic and 42 percent of poor black households participated in the work force. Also in 1980, 18 percent of working Hispanic, 15 percent of working black and 6 percent of working white households were

Source: Center on Budget and Policy Priorities.

Figure 1: Percent of Working Families in Poverty, U.S., 1987



62 percent of Hispanic adults had jobs in 1989, compared to 63 percent of non-Hispanic adults. Yet 21 percent of Mexican American working families fell below poverty, compared to 5 percent of whites and 19 percent of blacks.

poor (US DOC, US HUD 1980). These figures mirror a national study which found that Hispanics, and—of particular interest to San Antonio—Mexican Americans are most likely to work and remain poor. The report stated that nationally, 62 percent of Hispanic adults had jobs in 1989, compared to 63 percent of non-Hispanic adults. Yet 21 percent of Mexican American working families fell below poverty, compared to only 5 percent of whites and 19 percent of blacks (Shapiro, Greenstein 1990, 2, 4).

II. Income and Wages

A recent survey reported the average family income in San Antonio was $30,389. This income level was the lowest among the largest 50 metropolitan areas in the United States. Furthermore, the same study found that the gap between the rich and poor—measured as the disparity between the average income of the wealthiest fifth and the poorest fifth of all households—was greater in San Antonio than in all but six of the other 50 metropolitan areas (Lazere, Hou 1991, 6).

Combining San Antonio's low income level with the range of disparity between wealthiest and poorest San Antonians, it seems probable that the city's poor are unable to participate in the local economy, reducing opportunities for expansion and employment for all. In addition, low wages erode the standard of living and quality of life of the poor, many of whom work without benefits such as health insurance, as discussed in Chapter 1.

Table 1: Per Capita Income, Texas Metropolitan Statistical Areas, 1983 and 1988

	1988	1983	% Change '83-'88
Abilene MSA	$14,243	$11,821	21
Amarillo MSA	14,634	12,416	18
Austin MSA	15,342	12,504	23
Beaumont-Port Arthur MSA	14,203	12,086	18
Brazoria PMSA	15,642	12,581	24
Brownsville-Harlingen MSA	7,868	6,565	20
Bryan-College Station MSA	11,613	8,872	31
Corpus Christi MSA	12,408	10,651	17
Dallas MSA	**18,580**	**14,876**	**25**
El Paso MSA	10,008	8,091	24
Fort Worth-Arlington PMSA	**16,551**	**13,045**	**27**
Galveston-Texas City PMSA	15,572	12,511	25
Houston MSA	**16,192**	**13,993**	**16**
Killeen-Temple MSA	12,538	9,809	28
Laredo MSA	7,302	6,122	19
Longview MSA	13,421	10,910	23
McAllen-Edinburg-Mission MSA	7,302	6,122	19
Midland MSA	16,947	14,932	14
Odessa MSA	12,663	11,803	7
San Angelo MSA	13,969	11,845	18
San Antonio MSA	**13,436**	**10,826**	**24**
Sherman-Denison MSA	14,347	11,375	26
Texarkana MSA	12,957	10,068	29
Tyler MSA	15,154	12,554	21
Victoria MSA	14,653	12,338	18
Waco MSA	13,411	10,783	24
Wichita Falls MSA	14,930	12,290	22
STATE OF TEXAS	**$14,590**	**$11,944**	**22**

Note: In some instances, estimates prior to 1986 are not consistent with those for 1986-1988.
Source: Bureau of Economic Analysis, U.S. Department of Commerce.

In 1988, San Antonio's per capita income was 19 percent below the national average of $16,490. The gap between the average local and U.S. income widened between 1983 and 1988, as San Antonio's per capita income was just 10 percent below the national average in 1983.

The San Antonio metropolitan statistical area (MSA), which includes Bexar, Comal and Guadalupe counties, had a per capita personal income of $10,826 in 1983 and $13,436 in 1988, placing San Antonio well behind other major metropolitan areas. The Dallas MSA income stood at $14,876 in 1983 and $18,580 in 1988. The Houston MSA figures were $13,993 in 1983 and $16,192 in 1988, and the Fort Worth/Arlington region's per capita income rose from $13,045 in 1983 to $16,551.

In 1988, San Antonio's per capita income was 19 percent below the national average of $16,490. The gap between the average local and U.S.

From 1983 to 1988, San Antonio dropped from 202nd to 244th among 319 metropolitan areas nationwide in terms of per capita income.

income widened between 1983 and 1988, as San Antonio's per capita income was only 10 percent below the national average in 1983. This drop is also reflected in national rankings indicating that from 1983 to 1988, San Antonio dropped from 202nd to 244th among 319 metropolitan areas nationwide in terms of per capita income. On the other hand, Dallas ranked 44th, Houston 112th and Fort Worth/Arlington 97th in 1988 (PFH 1990, 4).

Wages and Ethnicity

In 1980, 27 percent of San Antonio's black and 21 percent of Hispanic households earned $5,000 or less. Meanwhile, 33 percent of all white households earned between $10,000 and $19,999 and 24 percent earned between $20,000 and $34,999. By comparison, 43 percent of Hispanic and 51 percent of black households earned less than $10,000, compared to 34 percent of white households. Ten percent of white households earned more than $35,000, while only 4 percent of Hispanic and 3 percent of black households did so.

Source: U.S. Bureau of the Census.

Table 2: Household Income by Ethnicity, San Antonio MSA, 1980

Household Income	White	Black	Hispanic
Less than $5,000	15	27	21
$5,00 to $9,999	19	24	22
$10,000 to $19,999	33	29	34
$20,000 to $34,999	24	17	19
$35,000 or more	10	3	4

III. Employment

Future Trends

The outlook for San Antonio's business growth presents a picture of an economy fueled by an ever-growing service related sector, while showing small gains in growth for manufacturing and transportation. This growth will not likely lift San Antonio's wage structure nor make a significant impact on the proportion of workers who remain poor.

Services, retail trade, government, and manufacturing comprise approximately 75 percent of total local employment. This figure has changed little since 1976, and 1992 prospects indicate that these four sectors will maintain their general share of the labor force. However, employment distribution trends in San Antonio indicate that the trade and services sectors could increase significantly in their proportion of industrial employment (Institute for Studies in Business 1989, 4).

Table 3: Employment in San Antonio MSA, by Industrial Sector, 1980-1995

Industrial Sector	1980 Census	1985 Estimate	1995 Projection	% Change 1980-1995
Agriculture Forest & Fish.	4,786	8,400	10,050	52
Mining	2,749	3,600	3,650	33
Construction	33,330	43,900	52,350	57
Manufacturing	50,735	53,050	60,850	20
Transportation	28,216	23,450	30,350	8
Trade	100,233	135,150	178,550	78
Finance, Ins. & Real Estate	28,753	39,400	50,500	76
Services	129,307	167,000	244,000	89
Government & Pub. Admin.	39,038	56,950	68,000	74
Total	**417,147**	**530,900**	**698,300**	**67**

Sources: U.S. Bureau of the Census, Texas Employment Commission.

In the San Antonio area, between 1980 and 1995, jobs are projected to grow 89 percent in the services sector, and 78 percent in the trade sector.

The service and trade industries represent the greatest sources of present employment for San Antonio residents. Between 1980 and 1995, jobs are projected to grow 89 percent in services and 78 percent in the trade sector (Table 3). These numbers reflect the dominance of the service and trade industries in San Antonio. In fact, these two sectors together will comprise 61 percent (35 percent services, 26 percent trade) of San Antonio's employment in 1995. The third largest sector providing employment in 1995 appears to be government and public administration at 10 percent.

The transportation sector, on the other hand, has the smallest projected rate of growth. During the 15-year period, the transportation sector expects to grow only 8 percent, the only sector with a projected single digit rate of employment growth. Also from 1980 to 1995, the manufacturing sector has a projected growth in employment of 20 percent. Together, transportation and manufacturing will employ only 13 percent (9 percent manufacturing, 4 percent transportation) of the labor force in 1995; down from 19 percent of the work force in 1980.

70 percent of workers earning minimum wage are adults.

A recent report offers the following national perspective:

- Ninety-four percent of new jobs created in 1987 were in the service sector.
- Two-thirds of these were among the lowest-paid jobs in the nation—$9,060 per year or less. (The 1986 poverty level for a family of four was $11,611 or less.)
- Half of all minimum wage jobs are in the service sector. (70 percent of workers earning minimum wage are adults.)
- Half of all new jobs created by the year 2000 will be in the service sector, most of which will be the lowest paid jobs: nurses aides, waiters, janitors, clerks, computer operators and cashiers (Presbyterian Church 1990, 57).

Given the projected growth of San Antonio's service sector, the implications of this national study bode ill for an economy riddled with layoffs in the manufacturing, retail and finance sectors. The expanding job market may be dooming even more of San Antonio's minorities to the status of working poor.

Employment Classifications

In 1988, an estimated 130,000 Bexar County residents were in managerial or professional occupations. This represented over 23 percent of the county's labor force with no other major occupation surpassing the 20 percent mark. Table 4 reflects various imbalances in the occupation distribution of Bexar County Hispanics. Hispanics are grossly under-represented in the managerial, executive and professional categories, and over-repre-

Source: U.S. Bureau of the Census.

Table 4: Bexar County Labor Force, by Occupation and Ethnicity, 1988

	Bexar County Labor Force		Hispanic Labor Force		Non-Hispanic Labor Force	
Occupation	**Total**	**%**	**Total**	**%**	**Total**	**%**
Manag/Prof	129,713	23	22,273	10	107,480	33
Technical	22,300	4	1,943	1	20,357	6
Sales	59,991	11	16,441	7	43,550	13
Admin Sup	83,812	5	41,471	18	42,341	13
Service	72,917	13	47,783	21	25,134	8
Farm Worker	14,972	3	4,725	2	10,253	3
Crafts/Rep	83,889	15	38,894	17	49,995	14
Oper/Lab	86,027	16	55,712	24	30,315	9
Total	**553,627**	**100**	**229,203**	**100**	**324,425**	**100**

Twenty-one percent of all Hispanic workers are employed in non-professional service occupations.

sented in the service, administrative support and labor groups (Chapa 1990, 37). Over 33 percent of non-Hispanics are in the managerial and professional categories compared to only 10 percent for Hispanics. In contrast, about 24 percent of Hispanics in the labor force are in operator and laboratory occupations compared to 9 percent for non Hispanics (Table 4). Hispanics are also over-represented in the service occupations with lower average weekly wages. Twenty-one percent of Hispanics in Bexar County's labor force are in service occupations compared to 8 percent of all non-Hispanics in the labor force.

IV. Unemployment

When comparing the minority and white unemployment rates—9.4 percent and 5.6 percent—the difference is significant; minorities have almost double the rate of unemployment.

While many of San Antonio's poor work, some are not even fortunate enough to have jobs. The unemployment rate in 1990 was 7.3 percent, 2.3 percent higher than the 1980 rate of 5.0 percent. The 1980 San Antonio labor force characteristics show that minorities did not fare well in comparison to whites, as is found in most MSAs. The 1980 unemployment rates included 2.8 percent for whites, 6.3 percent for Hispanics, and 7.5 percent for blacks

Source: U.S. Department of Labor.

Table 5: San Antonio MSA Labor Force Employment and Unemployment by Ethnicity, 1980

Persons 16 Years And Older	EMPLOYED Number	%	UNEMPLOYED Number	%	Rate
White	175,230	42.0	4,963	22.6	2.8
Black	24,895	6.0	2,023	9.2	7.5
Native American	1,213	0.3	103	0.5	7.8
Asian/Pacific Isl	3,320	0.8	143	0.7	4.1
Remaining Races	40,610	9.7	3,224	14.7	7.4
Hispanic	171,879	41.2	11,465	52.3	6.3
Total	**417,147**	**100.0**	**21,921**	**100.0**	**5.0**

From June 1980 to June 1990, the unemployment rate in San Antonio rose from 5.0 to 7.6 percent.

Table 6: Bexar County Population, Employment and Unemployment, January 1991

	Population	Labor Force	Employed	UNEMPLOYMENT Unemployed	Rate
Black	**84,795**	**34,945**	**31,022**	**3,923**	**11.2**
Female	44,070	18,178	16,271	1,907	10.5
Male	40,725	16,767	14,751	2,016	12.0
Hispanic	**564,810**	**238,203**	**216,211**	**21,992**	**9.2**
Female	292,298	97,144	87,721	9,423	9.7
Male	272,512	141,059	128,490	12,569	8.9
Other Minority	**12,044**	**6,210**	**5,754**	**456**	**7.3**
Female	6,895	3,525	3,204	318	9.0
Male	5,149	2,685	2,547	138	5.1
Total Minority	**661,649**	**279,358**	**252,987**	**26,371**	**9.4**
Female	343,263	118,847	107,199	11,648	9.8
Male	318,386	160,511	145,788	14,723	9.2
White	**550,051**	**265,285**	**250,461**	**14,824**	**5.6**
Female	280,532	118,847	111,096	7,071	6.0
Male	269,519	147,118	139,365	7,753	5.3
Total	**1,211,700**	**544,643**	**503,448**	**41,195**	**7.6**
Female	**623,795**	**237,014**	**218,295**	**18,719**	**7.9**
Male	**587,905**	**307,629**	**285,153**	**22,476**	**7.3**

Source: Texas Employment Commission.

(Table 6). Minorities continue to have higher rates of unemployment than their non-minority counterparts in 1991. When characteristics such as gender and ethnicity are factored in, significant disparities become apparent.

As a group, black males show the highest 1991 unemployment rate at 11.2 percent, followed by black females at 10.3 percent, for an overall black unemployment rate of 10.5 percent. Hispanic females followed with a rate of 9.7 percent and Hispanic males with 8.9 percent. The total Hispanic unemployment rate was 9.2 percent.

Consistently, white males fare best with an unemployment rate of 5.3 percent and white females at 6.0 percent for a total white unemployment rate of 5.6 percent. When comparing the minority and white unemployment rates—9.4 percent and 5.6 percent—the difference is significant; minorities have almost double the rate of unemployment. As in most urban areas of our nation, San Antonio's minorities experience disproportionately higher unemployment rates than the non-minority population. Women, combined among all groups, suffer the highest unemployment rates as well.

Unemployment figures are perhaps the clearest illustration of the

connection between economics and poverty, and are another indication of the disparate economic levels of minorities and whites. Rebecca Blank and Alan Blinder of Princeton found that economic slowdowns resulted in overall unemployment increases, but the rate of unemployment rises 2.0 to 2.5 percent more among black males than white males. Low-income groups are particularily hard hit when unemployment increases and real wages decline (Wilson 1987, 130-131). The struggling nature of San Antonio's economy is reflected in the 11,000 workers laid off in 1990 and 1991.

V. Economic Trends

The Role of Free Trade

The impending increased economic integration between the United States and Mexico calls for further analysis of labor force trends in San Antonio's transportation and trade sectors. While employment in the trade sector is expected to grow tremendously through at least 1995, most of it is currently in retail rather than wholesale trade. The Texas Employment Commission reports that in the first quarter of 1990, only one out of every five jobs in the trade sector fell under wholesale trade with 83 percent of trade-related employment comprised of retail jobs (TEC 1990a). Yet, average annual wages in these two divisions of the trade sector demonstrate a greater return in wages for those employed in wholesale-related trade in contrast to employees in retail. In 1989, the average annual weekly wage for those employed in San Antonio's wholesale trade sector was $452.26. This compares to an average of $226.37 for employees in retail trade (TEC 1990b, 12).

Government must be a prime mover in the planning and policy making designed to ensure employment options that can produce living wages and benefits in the event of military base closings.

The transportation sector may have the projected slowest rate of growth given past and current trends, but it does provide its employees with average weekly wages of $498.05. Depending on San Antonio's economic and human resource development strategies, the city's role in promoting integration will be one of providing greater low-wage retail services, or of becoming a major distribution center. The latter will lead to a greater number of San Antonio residents working in the wholesale trade and transportation sectors, where they are more likely to make substantial gains in their average annual weekly wages.

Economic Conversion

Another major trend with significant economic ramifications for San Antonio is the future of the military. In a city of five military installations, which have already begun to experience layoffs and hiring freezes, the impending military cuts and budget deficits raise the issue of base closings. Today, little policy or planning exists to prepare for the creation of new markets, the retraining of skilled resources and the conversion of facilities,

equipment or human resources into sectors of the economy prepared to absorb the loss of federal dollars. Base closures will have an adverse impact on other employment sectors such as service, finance, insurance, and real estate. The public will need to initiate a critical analysis of likely employment options for our citizens.

The Center for Economic Conversion describes three phases communities with military installations experience in a base closing. In the first phase, a community by virtue of a base presence becomes aware of the possibility of closure. In the second phase, the installation is put on alert for closing and finally, the installation is closed. Communities that plan orderly transition, develop potentially compatible options and bring together labor, management, academicians, public officials, business leaders, and other resources to plan and implement conversion strategies in the earliest phase, shorten the years of economic distress suffered by a community.

San Antonio finds itself firmly in phase one. There is still time to build an economic master plan to assure healthy economic growth. Free trade and economic conversion planning dictate the immediate marshalling of citizen and institutional resources to chart the economic course of our future. Government must be a prime mover in the planning and policy making designed to ensure employment options which can produce living wages and benefits.

The Earned Income Tax Credit

The unpredictability and complexity of economic development make overnight change in the wage structure impossible in most instances. However, employers can boost the earnings of many of their low- and middle-income employees at no cost to themselves through the Earned Income Tax Credit. This credit is available to families with children, earning less than $20,264 a year. The maximum credit for 1990 was $953, but expanded benefits have increased the top credit to $1,592. In 1994, the credit will reach $2,428 per family.

Nationwide, two out of every five Hispanic working families qualify for earned income tax credit.

While thousands of San Antonians are eligible for the credit, those who do not need to file a tax return may not be receiving it. Nationally, it is estimated that one-fifth of those eligible do not participate. A study by the Center on Budget and Policy Priorities shows that nationwide, two out of every five Hispanic working families qualify for the earned income tax credit (Shapiro, Greenstein 1990, 14).

Employers are required by law to inform all employees who had no income tax withheld about the credit, since many in this group qualify. Besides encouraging these employees to file the necessary tax return, employers should inform *all* employees about the program, since many who do earn enough money to pay taxes also fall within the eligibility criteria of income and family status. Employers can also encourage eligible employees to file for advance payments, allowing families to take advantage of the

While not a solution to poverty, the earned income tax credit can help thousands of low- and middle-income working families.

credit in their paychecks throughout the year, instead of receiving the credit only at the end of the tax year. Employees can fill out the proper forms at any time to begin receiving advance payments. The earned income credit allows working families to receive money they have earned, and it pays off for the community as well, with federal funds being absorbed into local areas. In tax year 1988, more than one million Texas families received the credit, bringing more than a half billion dollars to the state (Meza 3 April 1991 C9).

VI. Job Training Programs

A plethora of organizations flourish throughout San Antonio, dedicated to enhancing the economic-generating capacity of the marketplace. Long-standing affiliations such as the Greater San Antonio Chamber of Commerce

work beside organizations created in a response to the economic development push of the late 1970s and 1980s. Government, business, institutions, and citizens craft economic development and employment strategies often independently of each other and independent of the educational, human services and other resources necessary to implement a comprehensive master plan.

Although each organization could provide ample issues for study, a natural tendency exists to look toward government and its resources to provide leadership, vision and the necessary infrastructures within which a thriving and just economy may emerge. Government is created to serve all; hence the expectation that it will effect change to tackle the problems and opportunities that face San Antonio today. With government taking a leading role, the business, education and human service communities need to become integral partners in creating a blueprint from which compatible economic development strategies can surface.

One effort to include these major stakeholders in the economic development process is the Job Training Partnership Act (JTPA). The JTPA is designed to encourage partnerships between the public and private sectors to develop and design employment and training programs that meet the needs of individual local communities. The scope of services targets low-income disadvantaged populations and since 1988 also serves dislocated workers.

The Alamo Private Industry Council (APIC), administering agency of the 12-county JTPA Service Delivery Area, provides a service delivery system. The system includes job training activities including assessment, classroom skills training, job search, job placement, and on-the-job training (OJT). The service system also includes adult basic education (ABE), English as a Second Language (ESL), general education development (GED), and in-school and out-of-school youth services. The U.S. Department of Labor recommends that local PICs provide quality education and training that leads to long-term employment and increased earning for individuals considered "at risk."

The history of JTPA in this community is riddled with deficiencies, documented most recently by a blue-ribbon panel and consultant in a recent document, *An In-Depth Review and Evaluation of the Job Training Partnership Act for the Alamo Service Delivery Area* (1991). The panel recommended alternative organizational structures that might better organize the system developed to deliver training services. Communities Organized for Public Service (COPS) has also initiated recommendations for improving the JTPA Program.

While managerial and organizational structural changes have been addressed in evaluating JTPA, areas also meriting scrutiny are the education and training components. Training methodologies, content, curriculum, application, and relevancy to specific job areas are issues often ignored due to the sheer number of institutions and agencies awarded training contracts and to the failure to assess appropriately which training strategies are most

While managerial and organizational structural changes have been addressed in the evaluating of JTPA, areas in need of scrutiny are the education and training components.

The Center for Employment Training produced statistically significant improvements in the proportion of program participants who were working, the hours of work per month, monthly earnings, and hourly wages.

effective for differing populations. Training delivery resorts to traditional methodologies that have failed participants in the past. Routinely, basic skills remediation is delivered independent of and divorced from specific skills training. Time spent in long-term remediation before a student is eligible for skills training serves only as a deterrent and discouragement, which often leads to a greater sense of failure and to dropping out again.

Other Interventions

A six-year research program conducted by the Rockefeller Foundation studied the tangible outcomes of four varying community-based training delivery systems providing a comprehensive set of services to single-parent women who were welfare recipients. The projects were based in Atlanta, San Jose, CA; Providence, RI; and Washington, D.C. Program services offered an array of basic remedial education, job skill training, general employability training, counseling, child care, and other support services to help achieve their goal of stable employment in jobs that pay adequate wages. The evaluation included an equally matched control group that did not receive these services from the particular agency. Each local program determined how best to deliver program services. Most significant was the differing emphasis placed on two general models of employment training: (1) "occupational skill training" with instruction and practice in the skills required for specific jobs, and (2) general employability training, to enhance general preparedness for further training job search or employment, upgrading basic education skills, motivation, decision making and job-market orientation.

CET offers vocational skill training to all its trainees, regardless of the level of their basic education skills. No entry tests are administered.

In three of the four sites, the study found no short-term impacts on employment and earnings or total income, and in two of these three sites, there was no impact on welfare receipts. In one site, welfare receipts and benefits actually increased at the end of the first year.

However, the Center for Employment Training (CET) in San Jose, CA, created positive and statistically significant impacts on:

- The proportion of trainees who were working (an increase of 10 percentage points over the control group mean of 36 percent)
- Hours of work per month (an increase of 17 hours over the control group mean of 51 hours)
- Monthly earnings (an increase of $133 over the control group mean of $283)
- Hourly wages (an increase of $.72 per hour over a control group mean of $5.38 per hour) (CET 1989, 16).

The distinctive programmatic features of CET proved to be tangibly superior to traditional job training delivery models. CET differed in approach, methodology and market strategies. Of chief importance was that CET "offered vocational skill training to all of its trainees, regardless of the level of their basic education skills. No entry tests were administered. The occupational skill training program was designed specifically to accommodate participants who exhibited varying levels of educational skills, and to allow individuals to proceed through the training curriculum at their own pace. Instructors and more advanced students helped each individual master the specific skills necessary to particular jobs. Deficiencies in basic educational skills were addressed, largely within the vocational skill training course, if they presented obstacles to the mastery of job skills." CET delivered "skill training for all," whereas the other programs delivered skills training at 50 to 70 percent levels. The merging of skills training with literacy training was an integral part of the CET program. On-site day care was also provided to trainees, creating a comprehensive program that enabled participants to learn with few distractions.

CET delivers skill training for all whereas other programs delivered skills training at 50 to 70 percent levels. The merging of skills training with literacy training is an integral part of the CET program.

Another important factor was the program's "marketing function." CET staff assumed a full commitment to providing well-qualified, highly trained personnel to the business community. CET's own inservice and upgrading of its own skills and its close work with the business sector advisory committee provided it with a realistic view of market conditions and needs. The institution of a strong business advisory group provided a symbiotic relationship in which businesses felt they would obtain a highly qualified employee and the staff took pride in training competent employees.

San Antonio's job training programs cry out for such an improvement. Further study of successful models like CET is warranted. An overall comprehensive look at the entire system should yield productive changes in which participants, administrators, staff, business representatives, and local officials can collectively design a more efficient model that creates hope and the prospects for a more productive future for trainees.

VII. Conclusion

The CET staff's own inservice and upgrading of its own skills and its close work with the business sector advisory committee provides it with a realistic view of market conditions and needs.

San Antonio must address its educational, job training and economic development strategies to abate the growing tide of working poor who characterize the city's labor force. Without modifications in relevant policies and programs, serious social and economic problems will continue to hinder economic development efforts and to erode the quality of life for everyone in San Antonio.

Employment is a way of life for the poor. Like the rest of the population, the poor work hard to provide for themselves and their families. However, the return for their efforts is often a fraction of the norm. San Antonio's low educational achievement and high illiteracy rates play an important role in

To improve San Antonio's work force, commitment must come from the educational, job training, corporate and governmental sectors.

the plight of the poor, and in the economic development of the city as a whole. Without a strong work force, San Antonio will not be able to attract technology-based industries, which generally offer training, benefits and higher pay for many professionals.

With San Antonio's minorities comprising more than half of the city's population, it is imperative that leaders from various sectors emphasize the development of this human capital. As it stands, minorities are more likely to be employed in non-managerial positions offering low pay and little chance for advancement. While simply opening up more of these jobs for minorities is not the solution to this dilemma, improving the skill levels of San Antonio's poorest workers will most likely result in more minorities obtaining professional jobs. That result would allow San Antonio to take advantage of what is now a dormant resource.

Throughout San Antonio are eight public and private institutions of higher learning, each noted for various areas of academic expertise. Gifted teachers, researchers, writers, planners, administrators, students, and the leaders of these institutions need to be included in an economic development process along with governmental representatives, business entrepreneurs, labor and management members as well as local citizens. A commitment to a long-term process that identifies economic possibilities and opportunities, strategies and implementation is critical. Well-developed economic policies will yield a healthier sense of community control over the city's economic future, reliant upon diverse cultures, people, languages, institutions, and strengths, which together create an interconnected and interdependent community, working toward agreed-upon goals.

As citizens, we all desire a healthy and thriving economy from which everyone benefits. The facts imply that there is much work to do in many arenas before we can accomplish that objective. Strengthening our labor pool would be a strong step in a positive direction. To improve San Antonio's work force, there must be commitment from the educational, job training, corporate, and governmental sectors. The barriers to a well-trained work force are many and varied; they cannot be removed by a single entity working alone. Recognizing that fact will encourage San Antonio to make the best use of its human capital, to strengthen its economy and make life in the city better for everyone.

EMPLOYMENT

Report upon report and legions of respected business leaders, scientists, academics, government bodies and citizen's groups have reached similar conclusions about the realities facing a nation shifting from the industrial age to the information age. Certain facts are well established and irrefutable.

Today's market place is global, demanding sensitivity to other cultural values and other languages. Education for this economic reality is paramount because critical skills, knowledge and abilities become more elevated, shifting away from repetitive processes toward more creative and cooperative efforts. Changing demographics—the aging of the U. S. population and the entrance into the workplace of more women, minorities and immigrants—call for a reordering or redesigning of traditional work practices.

Many of the products Americans manufactured 30 years ago are produced much cheaper elsewhere. Now, the challenge becomes to identify products and services that will be in future demand, creating structures to meet those demands and preparing American workers to meet the challenges.

San Antonio finds itself in the midst of this economic upheaval, faced with complex decisions that will have an intense impact on its economy. Opportunities for free trade may coexist with the threat of military base closures. Taking control over an economy our children can rely on is a theme central to the diverse recommendations offered to Partnership for Hope.

Community Response

- The following are themes echoed throughout the citizen gatherings:
  - ***Structure an inclusive and diversified planning group that will develop and implement an economic master plan based on the unique strengths of all community sectors, including the strengths and needs of the poor.***
  - ***Address in the economic master plan the opportunities and problems associated with economic conversion, free trade and economic development incentives.***
  - ***Target job creation in those employment sectors that pay livable wages and adequate benefits.***
  - ***Redesign and reform job training programs so they meet the varying needs of the low income population by offering integrated combinations of literacy and skills training as well as support services.***

- ***Design programs fostering entrepreneurship and cottage industries for low-income participants.***

- ***Develop strategies to involve San Antonio's educational institutions in planning and implementing progressive economic development policies.***

- ***Establish a citywide information program that describes for everyone the earned income tax credit program.***

- ***Encourage governors from all states to eliminate abatement packages denying cities important revenues they need to build and maintain infrastructure.***

- ***Capitalize on the unique strengths of San Antonio's work force: bilingualism, cultural diversity, stability, and work ethic, at the same time toward improving literacy, education levels and training opportunities.***

- ***Create an economic conversion taskforce to develop a strategic plan that addresses potential military base closures.***

- ***Enhance the tax abatement policy by emphasizing the strengths in our city and awarding incentives around the needs of our general population. The policy would allow existing and incoming industry to receive an incentive based on the number of jobs they bring to San Antonio in accordance to state law for seven years and include more than seven years for additional incentives based on a menu selection plan that could include one or a combination of the following: health benefits, location of providing the company in a depressed area, jobs that pay over minimum wage, inclusion of child care reimbursements, allocation of a percentage of jobs for low-income families and the establishment of workplace literacy and programs.***

CHAPTER 4

HOUSING

The San Antonio Housing Authority is faced with an all-time peak demand for housing, causing a great overload on available units. Unfortunately, the local public housing supply is insufficient to accommodate the needs of everyone.

Sometimes those living in public housing developments also face hurdles. Mary, a woman whose tired features mirror the troubles she has recently encountered, explains the frustration of holding on to her apartment at a housing project.

Mary, 34, is divorced with three children ages 5, 6, and 15. She has never worked and considers herself a homemaker. Her only source of income is AFDC, which gives her $221 a month and $279 in food stamps. "I do get child support, but that isn't much, and if my ex isn't working I don't get a penny from him."

Looking at her hands intently, she sadly and quietly starts to tell her story. "If it weren't for my attorney, I would be on the streets. God only knows what I would have done without her. One thing for sure I'd have to go to the Salvation Army."

The problem she encountered was eviction from the housing project for failure to pay rent; however, Mary's situation is not as black and white as it sounds. There is a question as to which lease controls her rent: the first, signed by her husband, or the second, which she signed after divorcing her husband, reflecting a much lower rent. Consequently, an eviction action was filed on the first lease for failure to pay back rent. This dispute has been taken to court.

"Living in the projects is no dream. The other day I bought groceries for the week and my house was broken into. All they left me was a bottle of water. But I have no choice. I can't afford anything else. I have to stay here." Mary realizes life without the housing project would be a homeless one. "I have nowhere to go, no one in my family lives here, so I really don't have anyone to help me. " The housing authority is complying with its duty to ensure the family can stay together in a house and with the law for failure to pay rent.

"I had no idea what was going on, all I knew is that I was going to be out on the streets," says Mary, again fidgeting with her fingers. "All I know is I told them I would pay the back rent even though I knew I couldn't pay it. I didn't know what else to do at the time. Then I went to Legal Aid for help."

At least Mary had some idea where to find help. "I was lucky. I didn't really know what they could do for me, but because they did my divorce, I thought I'd ask. My divorce attorney told me who I needed to talk to at Legal Aid. I was real lucky because I know a lot of people don't know about this and are out on the streets. When the housing authority evicts you, and you don't know what to do, your stuff will be cut on the streets and I mean on the streets."

Mary's promise to pay back rent under her husband's lease was held invalid by one court. However, another court granted an eviction. She received a warning that her family would have to leave by 10 a.m. If not gone by then

they would be forced out by the constable.

"Boy was I scared, I didn't know what to do. Before I knew it, they were knocking on my door saying I had to get out. I was on the phone calling my attorney, my two little ones were crying, asking me if we were going to leave.

"They didn't listen to what I had to say but just kept on repeating I had to get out. I got my attorney on the phone and she explained to the constable that I had a temporary restraining order. If it hadn't been for that, my stuff would have been out on the streets.

"I live in fear. I was in disbelief, crying, not knowing what to do. You don't know, it's a feeling of not knowing what to do or where to go. I mean my babies and I could go to the Salvation Army, but we can only stay there 30 days and then I guess we'd have to live in the streets. I mean it's the worse feeling being kicked out. I don't know how else to explain it.

"What's sadder is my babies are seeing all this and they don't know what's going on. They are always afraid not knowing if we will be here. My 6-year-old has been hurt the most. He's in trouble at school. He doesn't know whether or not he's going to have a home and this is making him misbehave at school. I try to explain to them everything is going to be all right, but they know something is wrong. I mean how do you explain to your kids you don't know if they will have a house. Especially when I don't know what's going to happen."

For now, Mary's desperation is quieted because she knows nothing will happen until her case comes to trial. Asked what would happen if she should lose, on the verge of tears, she says, "I don't know what I'll do. I mean sometimes I just want to give up and give my babies to my husband, so I know they will have a home and won't have to see this. But other days are better and I know I'm just going to have to stick it out. I have no choice."

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Highlights

- About 40,000 poor households, 69 percent of all poor households in the San Antonio metropolitan area, did not occupy affordable housing in 1986.
- In 1986, 44 percent of poor San Antonio area households, or 29,700, lived in substandard housing. This was more than twice the national substandard rate of 18 percent among the poor.
- The rate of overcrowded households among the poor in the San Antonio area was 16 percent in 1986, twice the national rate of 8 percent for poor households.
- Between 1975 and 1986, the number of low-rent units in San Antonio dropped 10 percent, while low-income renters increased 48 percent. This resulted in a shortage of 12,600 low-rent units in 1986, compared to a surplus of 8,300 units in 1975.
- Households with incomes below $10,000 have six times fewer homes to choose from than households with higher incomes.
- About 16,000 households in San Antonio are on waiting lists for government housing assistance. Many agencies have closed their lists, citing waiting periods of up to five years for public housing and subsidies for privately owned housing.
- Employed residents of public housing developments outnumber those receiving AFDC nearly four to one.
- San Antonio's homeless population increased 29 percent in 1990. Forty-four percent of this population is comprised of families with children, significantly higher than the 34 percent average among 30 surveyed cities.

Home ownership—part of the American dream. Whether this phrase is more cliché than indicative of the goals of many Americans, housing is of primary importance to all. The family home, as a cornerstone of the capitalist system, allows the creation of wealth for ordinary citizens whose livelihood does not revolve around commerce. But for the poor in San Antonio, the dream of home ownership may never be realized. For many, it is difficult enough to afford decent rental housing.

Beyond economic considerations, living conditions play a large role in determining an individual's quality of life. The condition and location of housing are important factors in the development and safety of city residents, especially children. Thus, housing is not just an economic component of life, but a non-institutional socializing factor.

This chapter describes the housing challenges San Antonio's poor face in terms of the economic strains as well as the undesirable conditions many of them must endure. Several socio-economic factors—including those

chronicled in the preceding three chapters—affect housing. This is because health, education and employment each affect an individual's economic status—and thus housing. The housing conditions of the poor show vividly the result of years of limited access to and participation in various avenues of personal health and development. As this chapter also reveals, the places the poor call home often offer an inadequate environment for nurturing of human potential, especially future generations.

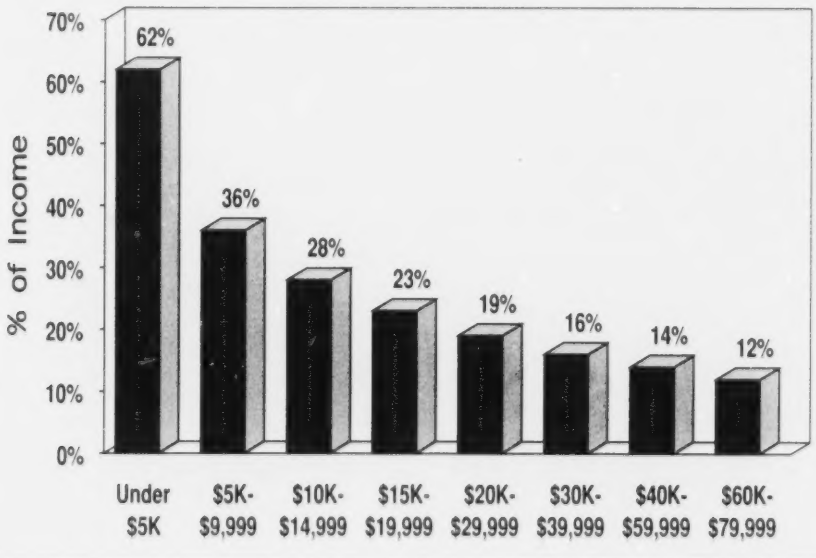
I. Housing Conditions Among San Antonio's Poor

When discussing housing, one basic rule applies generally: the poorer a household, the higher the percentage of its income is spent on housing. Even though the residence of a poor family costs far less than than a wealthy family's, the poor household's home consumes a greater portion of that family's income.

To put the housing burdens of the poor into sharper perspective, Figure 1 compares the percentage of income allocated to housing by households of various income levels in the San Antonio metropolitan area. For many low-income families, the high percentage of income spent on housing leaves fewer of their already limited resources for other necessities of life.

The shortage of affordable and decent housing has profound effects on poor households in the San Antonio area, according to a recent study from the Center on Budget and Policy Priorities. Based on 430,900 occupied units in

Figure 1: Median Percentage of Income Spent on Housing, by Income Level, San Antonio Metropolitan Area, 1986



Source: U.S. Department of Commerce and U.S. Department of Housing and Urban Development.

Bexar, Guadalupe and Comal counties, the study includes 161,600 Hispanic, 28,800 black and 240,500 white residences. Of these, 39,000 Hispanic, 8,500 black and 19,300 white households in the San Antonio area were poor (see definitions below). These figures represent 24 percent of all Hispanic, 30 percent of all black, and 8 percent of all white households (Lazere, Hou 1991, xii-xiii).

The study concludes that in San Antonio the vast majority of the poor cannot find affordable housing. As Figure 2 shows, 76 percent of poor renter households and 58 percent of poor homeowners in the San Antonio area spent 30 percent or more of their income on housing in 1986. Combining both renters and homeowners, 69 percent of all poor households—representing 40,000 households—did not live in affordable housing in 1986. Incredible as it may seem, 27 percent (17,900 households) of all poor households in the San Antonio area spent at least *70 percent of their income* on housing in 1986.

It is almost inconceivable how these poor families can survive under

27 percent of all poor households in the San Antonio area spent at least 70 percent of their income on housing in 1986.

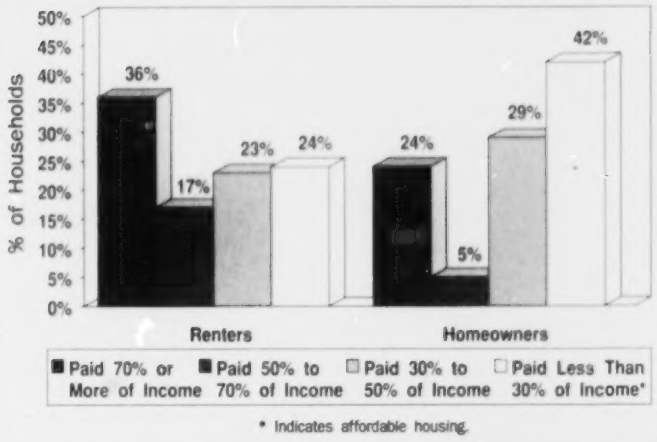
Low-income: Households with an annual income of less than $10,000. The $10,000 level includes most poor households without covering those at the middle-income level. When discussing housing, "low-income" is often substituted for "poor" because the federal guidelines for a poor family is based on income and family size. Since the data in the American Housing Survey do not account for family size and the specific household income used to determine poverty status, the "low-income" categorization of indigent persons is the more practical and accessible term. For that reason, and for editorial purposes, the terms "low-income" and "poor" will be used interchangeably throughout this chapter.

Household: All who occupy a housing unit—single families, persons living alone, two or more families living together, or any other group of related or unrelated people who share living arrangements.

Housing unit: A house, apartment, group of rooms, or a single room, occupied or intended for occupancy as separate living quarters.

Affordable housing: The U.S. Department of Housing and Urban Development (HUD) defines affordable housing as living quarters which consume no more than 30 percent of a household's income; includes rent, or mortgage and utilities.

Figure 2: Income Spent on Housing Among Poor, San Antonio Metropolitan Area, 1986



Sixty-nine percent of all poor households in the San Antonio area did not live in affordable housing in 1986, spending more than 30 percent of their income on housing. This includes 76 percent of poor renters and 58 percent of poor homeowners.
Source: Center on Budget and Policy Priorities.

such severe housing burdens, but the number of households facing this squeeze illustrates that deep poverty and limited resources are common for many families. Many poor households in the San Antonio area are apparently able to pay their housing bills each month only by using funds normally allocated for other necessities such as food, household items and gasoline. These families are risking homelessness, a possibility that could become real in the event of sudden illness or loss of income.

Because the number of poor Hispanic households is greater than the number of poor black and white households combined, Hispanics are more likely to be affected by high housing burdens. In fact, 23,400 poor Hispanic households spent at least 30 percent of their income on housing, compared to 11,500 white households and 4,800 black households. It is interesting to note, however, that among the poor, whites spent more on housing. Some 78 percent of poor white households spent at least 30 percent of their income on housing compared to 67 percent of poor Hispanic and 62 percent of poor black households (Lazere, Hou 1991, 7). This indicates that high housing costs and other signs of economic stress cut across ethnic lines, affecting the poor in all major racial groups.

78 percent of poor white households spent at least 30 percent of their income on housing compared to 67 percent of poor Hispanic and 62 percent of poor black households.

Although affordable housing is in short supply in San Antonio, the city still compares favorably with the rest of the nation. Nationwide, about 80 percent of poor households lived in unaffordable housing, 11 percent higher than the local figure. San Antonio's inexpensive housing is the main reason for the lower housing burdens our poor face. However, San Antonio has a higher poverty rate than most major metropolitan areas, so while the poor here compare favorably with the poor elsewhere, the same cannot be said of the population as a whole. Furthermore, housing conditions for San Antonio's poor are more than twice as bad as those facing the poor around the country.

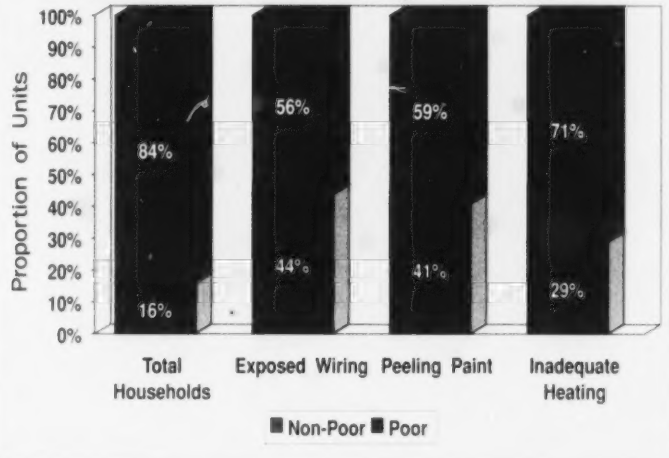
Substandard and Overcrowded Housing

Forty-four percent of poor San Antonio households (29,700) lived in housing with moderate or severe physical problems in 1986. This is more than twice the national rate of 18 percent for substandard housing among the poor in 1987 (Lazere, Hou 1991, 15).

In 1986, 4,800 poor households had exposed wiring, 9,600 had peeling paint or plaster, and 5,500 reported being uncomfortably cold for more than

Source: U.S. Department of Commerce and U.S. Department of Housing and Urban Development.

Figure 3: Households With Selected Physical Problems, San Antonio Metropolitan Area, 1986



The two-room house pictured on these pages typifies the conditions under which many of San Antonio's poor live. A family of five lives here, sharing two beds. Little if any privacy is available. A child studies amid distractions in the kitchen and living room, both of which serve as bedrooms.

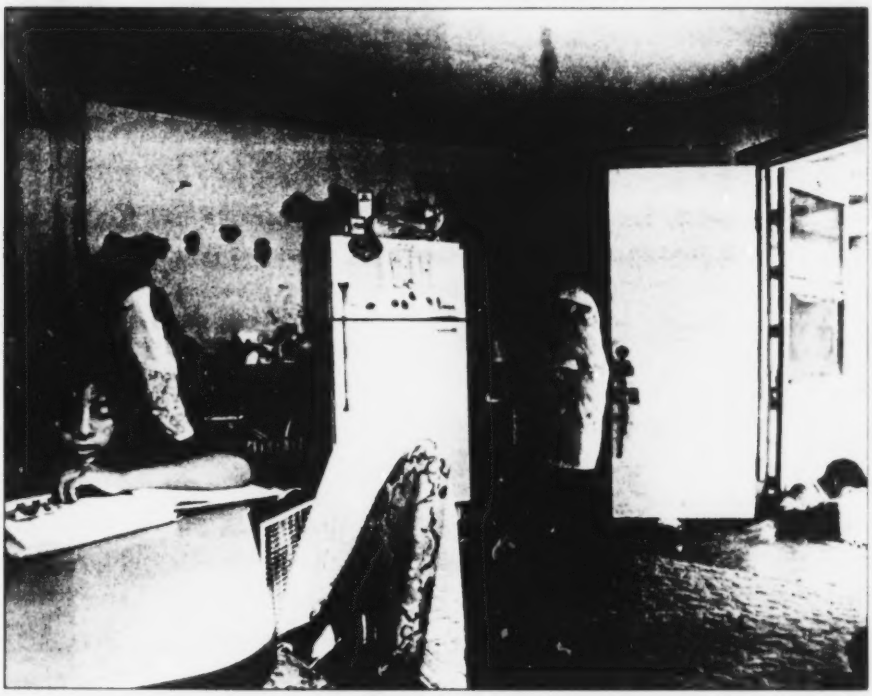
Substandard housing: As defined by the U.S. Bureau of the Census and the U.S. Department of Housing and Urban Development, living quarters with one or more of several physical problems—lack of complete plumbing; unreliable heating; no electricity; exposed wiring; and basic maintenance problems such as water leaks, holes, peeling paint or evidence of rats.

24 hours at a time for reasons other than having their utilities discontinued. As Figure 3 shows, while accounting for 16 percent of all households in the area, poor households accounted for 44 percent of all households with exposed wiring, 41 percent of housing units with peeling paint or plaster, and 28 percent of households that could not keep themselves warm during long cold spells (US DOC, US HUD 1990, 14-15). In poor households, the danger of fire from unsafe electrical systems, lead poisoning from peeling paint and the inability to attend school or work because of sickness brought on by cold weather is substantially greater.

Poor Hispanic and black households suffered substandard housing much more frequently than poor whites. Some 20,800 poor Hispanic (53 percent), 5,200 poor black (61 percent) and 3,700 poor white (19 percent) households lived in substandard housing units in 1986 (Lazere, Hou 16).

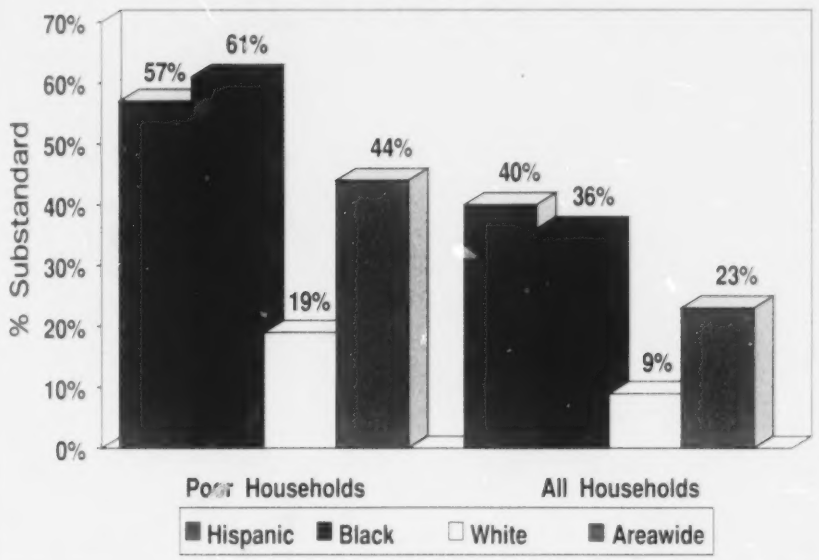
In fact, the substandard rates for *all* Hispanic and black households, 40 percent and 36 percent respectively, were higher than the 19 percent rate for *poor* white households, and nearly as high as the 44 percent rate for all *poor* households in the metropolitan area. Some 64,500 Hispanic and 10,400 black

44 percent of poor San Antonio area households lived in housing with moderate or severe physical problems in 1986. This is more than twice the national rate of 18 percent for substandard housing among the poor in 1987.



In 1986, 20,800 poor Hispanic, 5,200 poor black and 3,700 poor white households lived in substandard housing.
Sources: Center on Budget and Policy Priorities, U.S. Department of Commerce, and U.S. Department of Housing and Urban Development.

Figure 4: Substandard Housing, San Antonio Metropolitan Area, 1986



In 1986, 16 percent of the poor households in the San Antonio area were overcrowded, compared to 8 percent nationally.

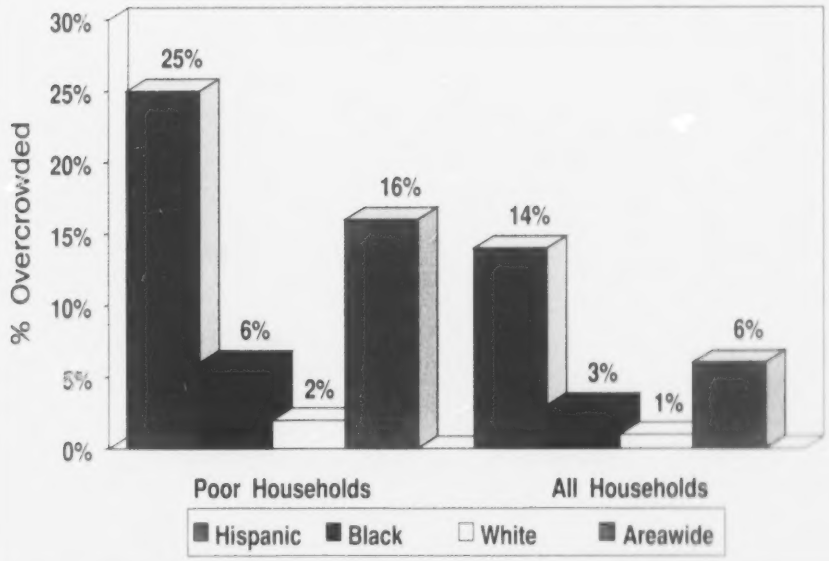
households lived in substandard units in 1986. Including the 22,600 substandard white housing units (9 percent of white residences), the substandard housing rate for *all* San Antonio area households was 23 percent (or 97,500 households), even higher than the national rate for *poor* households (US DOC, US HUD 1990, 15, 104, 141).

Similar to substandard housing, poor households in the San Antonio area are much likelier to be overcrowded than poor households nationwide. The U.S. Department of Housing and Urban Development (HUD) considers a housing unit overcrowded if it contains more than one person per room. In 1986, 16 percent of the poor households in the San Antonio area were overcrowded, compared to 8 percent nationally. Overcrowded housing was much more acute among poor Hispanics than others. Some 9,600 poor Hispanic (25 percent), 500 poor black (6 percent), and 400 poor white (2 percent) households were overcrowded. Hispanics represented 58 percent of all poor households in San Antonio, but 91 percent of poor households living in overcrowded conditions (Lazere, Hou 1991, xvi, 18-19).

Considering all households, Hispanics comprise a disproportionate percentage of overcrowded residences. Areawide, 22,100 Hispanic (14 percent), 800 black (3 percent) and 2,500 white (1 percent) households were overcrowded (US DOC, US HUD 1990, 11, 100, 137).

Further, substandard houses are likelier than other units to be overcrowded. In 1986, 49 percent of all overcrowded units were also substandard, and nearly all of those households (93 percent) were Hispanic (Lazere, Hou 1991, 19).

Figure 5: Overcrowded Housing, San Antonio Metropolitan Area, 1986



Nearly 10,000 poor Hispanic, 500 poor black and 400 poor white households lived in overcrowded homes in 1986.
Sources: Center on Budget and Policy Priorities, U.S. Department of Commerce, and U.S. Department of Housing and Urban Development.

While not as severe as those in San Antonio, national substandard and overcrowded housing patterns mirror those in San Antonio in terms of ethnic distribution. Some 33 percent of poor black and 27 percent of poor Hispanic households lived in substandard housing in 1985, compared to just 13.5 percent of poor white households. In fact, the 13.5 percent rate for *poor* whites was lower than the substandard rates of *non-poor* black and Hispanic households, which were 17 percent and 14 percent respectively (Leonard, *et al.* 1989, 55).

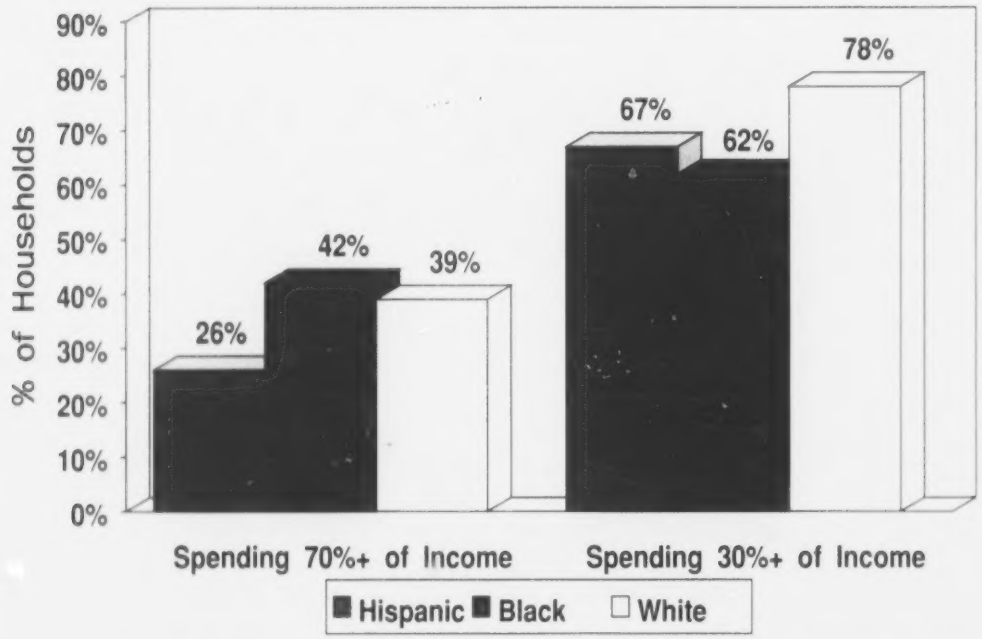
Substandard houses are more likely than other units to be overcrowded. In 1986, 49 percent of all overcrowded units were also substandard, and nearly all of those households (93 percent) were Hispanic.

Nationally, overcrowding was also more common among Hispanics and blacks, with 18 percent of poor Hispanics, 11 percent of poor blacks and just 4 percent of poor whites living in overcrowded housing. Again, conditions for poor whites were better than for Hispanics and blacks outside the poor population. The rate of overcrowding for *poor* whites was lower than the rate among *all* Hispanic and black households, with 13 percent of *all* Hispanic and 6 percent of *all* black households living in overcrowded residences (Leonard, *et al.* 1989, 56).

While poor Hispanics and blacks in San Antonio are more likely than poor whites to live in substandard and overcrowded housing, all three groups spend a similar percentage of their income on housing. Figures 4 and 5 on these pages and Figure 6 on the following page reflect these trends. It can be concluded then, that poor whites either receive more for their money or that they have more available housing options than Hispanics or blacks.

Other evidence that poor whites receive more for their money is in the median value of homes of poor households in the San Antonio metropolitan

Figure 6: Income Spent on Housing Among Poor, by Ethnic Group, San Antonio Metropolitan Area, 1986



Sources: Center on Budget and Policy Priorities, U.S. Department of Commerce and U.S. Department of Housing and Urban Development.

area. While only the figures for poor Hispanic households and all poor households are available in the American Housing Survey, the values of poor black and white homes can be roughly estimated. Thus, the numbers stated here, while not precise, do provide an approximate picture of the median home values of the poor in the San Antonio metropolitan area. The soft housing market and high number of foreclosures have caused housing prices to decline in San Antonio since the survey in 1986, so the house prices cited are probably higher than they would be today.

The American Housing Survey reports the median home value among poor Hispanic owners was $29,965 and that the value of all poor homes was $32,299. Calculations based on these data render a median value of $23,500 for poor black and $40,769 for poor white homes. As with substandard and overcrowded housing, the home values of Hispanic and black households do not measure up in relation to white households (US DOC, US HUD 1990, 55, 114, 151).

A possible explanation for the relatively high home value of poor white households is that their homes may be located in areas with generally higher property values where houses tend to maintain more of their value than in deteriorating neighborhoods.

Affordable Rental Units for Low-Income Families in Short Supply

The housing dilemma of San Antonio's poor is not new, however in recent years the situation has deteriorated further. Between 1975 and 1986, the number of low-income renters in the San Antonio area increased 48 percent, from 34,100 to 50,600 households. At the same time, the number of affordable low-rent units decreased 10 percent from 42,400 to 38,000. As a result, by 1986 there were 12,600 fewer low-rent units than low-income renters in the San Antonio area. The likelihood of such a situation ever occurring was probably not even considered in 1975, when the area had a surplus of 8,300 low-rent units (Lazere, Hou 1991, 9).

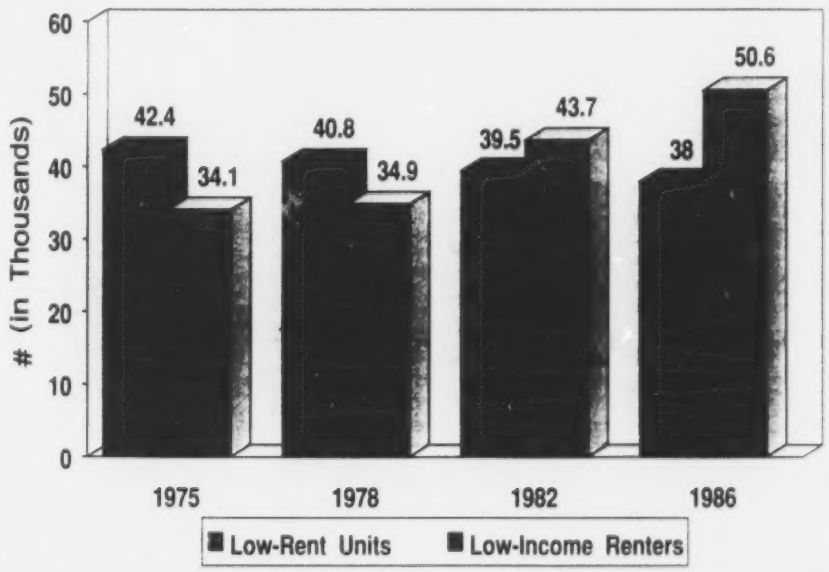
By 1986, there were 12,600 fewer low-rent units than low-income renters in the San Antonio area. In 1975, the area had a surplus of 8,300 low-rent units.

The growing shortage of affordable housing is not unique to San Antonio. In 1970, the nation had 9.7 million low-rent units for its 7.3 million low-income renters, a surplus of 2.4 million units. By 1985, the number of these units fell 19 percent to 7.9 million, while low-income renter households rose 59 percent to 11.6 million. By 1985, these trends resulted in a shortage of 3.7 million units (Leonard, *et al.* 1989, 7).

Low-income renters: Renter households with incomes below $10,000 in 1985 dollars.

Low-rent units: Living quarters for which rent and utilities equal less than 30 percent of a $10,000 annual income, or less than $250 a month, also in 1985 dollars.

Figure 7: Low-Rent Housing Units and Low-Income Renters, San Antonio Metropolitan Area, 1975-1986



Source: Center on Budget and Policy Priorities.

Low-income households that have been displaced have few options. They can become homeless, which will be discussed later, or find shelter in another occupied home, often called "doubling up."

According to one estimate, 8,000 poor households in San Antonio are doubled-up (Urban Partners 25 April 1990, 6). The American Housing Survey shows that poor Hispanic households are more likely than other poor households to contain at least one subfamily, usually a young married couple living with one of the spouse's parents. In 1986, 9 percent of poor Hispanic households included a subfamily, compared to 5 percent of poor black and less than 1 percent of poor white households. Six percent of all poor black households contained members of three generations, compared to five percent of poor Hispanics and 2 percent of poor white households. Poor Hispanic households with subfamilies comprised 92 percent of all such units in the San Antonio area and 71 percent of all households with three generations (US DOC, US HUD 1990, 17-18, 106-107, 143-144).

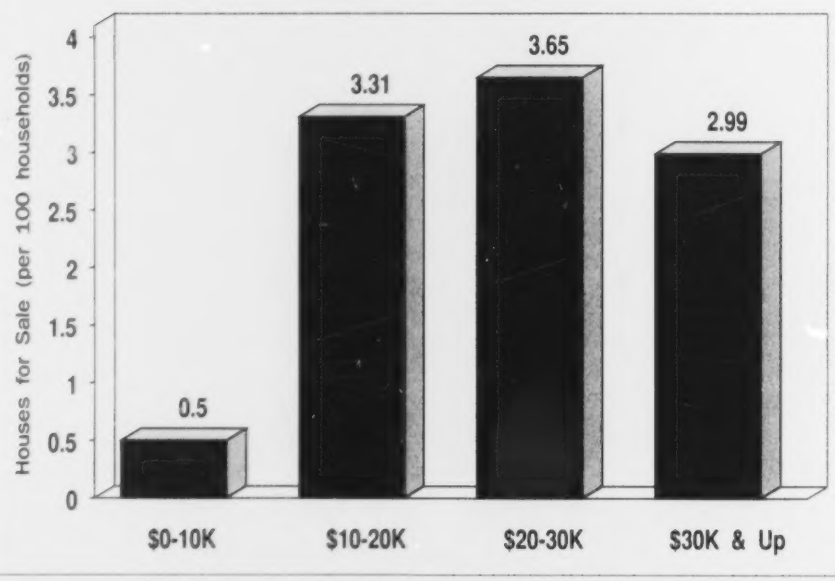
Home Ownership Among the Poor

Income is a major factor in determining a family's ability to purchase a home. A poor household with an income below $10,000 can only afford a home in the $8,000-$21,000 range (Urban Partners 25 April 1990, 10). There are 56,500 households in San Antonio with incomes below $10,000, but current listings indicate that only 280 homes are available in that price range. This compares to an inventory of 2,140 homes for those with incomes in the range of $10,000-$20,000, and 2,180 homes for those with incomes between

Poor families have little choice when looking for affordable housing. Households with incomes under $10,000 have six times fewer houses to choose from than households earning more than $10,000.

In 1990, 56,500 households had incomes under $10,000, 64,700 earned between $10,000 and $20,000, 59,700 earned between $20,000 and $30,000, and 154,400 earned more than $30,000.
Source: Urban Partners.

Figure 8: Affordable Houses for Sale, San Antonio, 1990



$20,000 and $30,000. These wide discrepancies exist although the number of households in these three income groups is relatively equal. Based on the number of households and the number of available homes in each income bracket, households with incomes above $10,000 have six times as many houses from which to choose than low-income households (Urban Partners 25 April 1990, 13).

Further analysis of housing in Bexar County during 1986 reveals that home ownership rates were 35 percent for poor Hispanics and 39 percent for poor blacks, compared to 41 percent for poor whites (US DOC, US HUD 1990, 9, 98, 135). This resembles the national profile of home ownership.

II. Federal Response to Housing Conditions of the Poor

Over the past decade, while San Antonio and the nation have faced a shortage of affordable housing and a concentration of overcrowded and substandard residences among the nation's poor, the federal government reduced its assistance to low-income households. From fiscal 1977 through 1980, HUD made national commitments to provide rental assistance to an average of 316,000 additional low-income renter households each year. However, from fiscal 1981 through 1990, HUD served an average of only 82,000 additional low-income households per year, a reduction of nearly three-fourths. HUD programs in fiscal 1991 will serve an additional 95,000 low-income families, still not significantly above the Reagan administration's level (Lazere, Hou 1991, 23).

From fiscal 1981 through 1990, HUD served an average of only 82,000 additional low-income households per year, a reduction of nearly three-fourths from 1977-1980 levels.

But while low-income households have had difficulty obtaining housing aid, middle- and upper-income families have benefitted from federal housing assistance available to homeowners. This aid, through tax deductions, credits and other tax breaks, has grown at a far greater rate than outlays for low-income households. Nationwide, the number of households with incomes below $10,000 is roughly equal to the number of households with incomes over $50,000, yet the total amount of federal subsidies going to the higher income group was $33.6 billion in 1988, compared to just $10.1 billion for low-income families. In 1988, the average subsidy for households with incomes below $10,000 was about $600, compared to a subsidy of $2,000 for homes with incomes above $50,000 (Leonard, *et al.* 1989, 32-33). Tax incentives for homeowners are beneficial because they reach a wide spectrum of families at different income levels. However, these same benefits do not reach those who truly need assistance. Until more resources are committed to improving low-income housing, assistance will be available, but usually reserved for households wealthy enough to qualify for it.

In terms of low-rent units, the federal government has almost ceased construction or renovation of units available for Section 8 housing, a program

As of July 1990, about 16,000 households in San Antonio were on waiting lists for government housing assistance, most commonly in the form of public housing or subsidies for privately owned housing.

that allows low-income renters to live in a privately owned residence at a subsidized rate. As discussed later, the slowdown in making such units available has caused waiting lists for Section 8 units to grow to extremely high proportions in San Antonio and throughout the rest of the country.

That was not always the case. During the 1960s and 1970s, the federal government provided low- and no-cost loans to developers in exchange for their promise to rent some of the units at low rates. However, despite the growing demand, virtually no new units have been funded since 1980.

Rather than support the construction and renovation of low-rent housing, the federal government has instead offered Section 8 vouchers to help families find housing on their own. Of course, this only adds more families to those already seeking the same number of available units (CDF 1991, 113).

III. Local Response to Housing Conditions of the Poor

A History of Urban Renewal in San Antonio

The San Antonio Housing Authority says elderly households must wait at least three years before receiving public housing, and families searching for a two- or three-bedroom apartment will wait 18 months to two years.

In August 1940, the San Antonio Housing Authority (SAHA) opened its first public housing development, Alazan Apache Courts, with 986 units. The construction was initiated under authority of the 1937 U.S. Housing Act, designed to encourage construction, create employment opportunities, shelter low-income families, and eliminate slum areas. Three more developments containing 1,374 additional units were built by 1942 (SAHA 1987, 5).

In the 1950s, San Antonio created a Master Plan that identified 19 slum areas, often replacing these neighborhoods with commercial development. Only six areas received residential housing development, the remaining 13 areas were razed and residents relocated. One particular area of construction and relocation resulted in San Antonio's Hemisfair Park, the Tower of the Americas and the Hilton Palacio del Rio hotel, all built for the 1968 Hemisfair. Whether the economic benefits justified the elimination of the neighborhood, those who were relocated in this predominately Hispanic and black area bore most of the inconvenience and loss of community for the benefit of the city as a whole, a pattern that still often repeats itself for major construction projects.

Between 1969 and 1973, federal funds were used to subsidize housing efforts within a "Model Neighborhood Area" or MNA. The housing conditions in this 9.7-square mile area on San Antonio's Westside were described as "substandard," as defined by the 1960 census. One of every seven units was dilapidated (beyond feasible reconstruction), and one out of three of the units was both deteriorating and dilapidated. The Alamo Council of Governments (AACOG), in a study of the MNA, identified "poverty, mixed zoning and discrimination" as some of the major problems facing the MNA (AACOG 1969, 4).

The study added that the broader San Antonio community did not understand the familial and cultural reality of residents of the MNA. "Most MNA families are headed by a male who holds a job but for which his income is not sufficient to meet all the economic neccessities of life" (AACOG 1969, 4).

The study also said Hispanics received different treatment than previous immigrant populations and were subject to misconceptions regarding their behavior.

"Residents first turn to their relatives or friends for assistance of all kinds. . . before any contacts are made with public or voluntary agencies. In other words, the cultural pattern of the Mexican-American is not unlike that of the early Irish, German, Italian or other ethnic settlers in their heavy reliance on the people around them to 'help them out.'

"Because many persons in the community-at-large do not realize this, there is a tendency for discrimination against MNA residents based on the uninformed attitude that the residents are largely the 'idle' poor looking for a handout" (AACOG 1969, 4).

A subsequent study said of the MNA that "Housing was shortchanged. Funds were allocated but they were not utilized to the advantage of the MNA." The document stated that a city proviso forbade public housing on areas cleared for urban renewal and that the city established a minimum size for standard lots, which prevented many Westside residents from taking advantage of available housing funds (Woods 1982, 261).

The Bexar County Housing Authority has 1,500 families on its waiting list—which it closed in October 1990 out of inability to meet the great demand—for its 1,500 privately owned subsidized units.

Current Efforts to Improve Local Conditions

As of July 1990, about 16,000 households were on waiting lists for government housing assistance, most commonly in the form of public housing or subsidies for privately owned housing. Many housing providers have closed their waiting lists because of their inability to meet the present demand. The Bexar County Housing Authority has 1,500 families on its waiting list—which it closed in October 1990—for its 1,500 privately owned subsidized units. The Bexar County Housing Authority has issued no new subsidies for three-bedroom, privately owned units since 1987, and the agency estimates that the wait for a subsidy for a two-bedroom privately owned apartment is two to three years. For apartments of all sizes, the wait can last anywhere from one to five years (Lazere, Hou 1991, 27).

Those looking for public housing assistance fare little better. The San Antonio Housing Authority (SAHA), primary administrator for San Antonio's public housing units, says elderly households must wait at least three years before receiving public housing, and families searching for a two- or three-bedroom apartment will wait 18 months to two years. SAHA has more than 2,000 households on its waiting list (Lazere, Hou 1991, 27-28).

Nationally, the Council of Large Public Housing Authorities estimates that waiting lists for public housing include 2 million parents and children, many of whom wait five years before getting units (CDF 1991, 113).

The Bexar County Housing Authority has issued no new subsidies for three-bedroom, privately owned units since 1987, and the agency estimates that the wait for a subsidy for a two-bedroom privately owned apartment is two to three years. For apartments of all sizes, the wait can last from one to five years.

Several efforts in San Antonio are underway to supplement the work of local housing administrators, but these attempts are able to reach only a small portion of those who need help. In 1988, San Antonio established a Housing Trust Fund, which through its first round of funding will support the creation of 282 housing units, most of which will be occupied by low-income residents. The city of San Antonio spends a portion of its Community Development Block Grant funds on housing assistance, serving 500 low- and moderate-income families in fiscal 1990. Also using federal funds, San Antonio has rehabilitated 605 apartments in low-income neighborhoods since 1984. The Bexar County Housing Finance Corporation issues bonds to offer low-interest mortgages to low- and moderate-income homebuyers to rehabilitate and construct affordable rental units. In 1989, $50 million in bonds were issued, allowing nearly 1,000 low- and moderate-income families to purchase homes. In 1990, $30 million in bonds were issued for homebuyers and a $10-million bond issue financed the rehabilitation of 650 apartment units (Lazere, Hou 1991, 25).

Finally, the Federal National Mortgage Association (Fannie Mae) and the Mortgage Bankers Association of America have provided $50 million in mortgage financing to San Antonio, allowing the city to purchase 780 apartment units, reserving nearly 160 for lower income families.

Only 32 percent of poor renter households in San Antonio received housing assistance from any government source in 1986.

Still, only 32 percent of poor renter households in San Antonio received housing assistance from any government source in 1986. This means that all the combined local efforts reached just a fraction of the 45,000 households needing assistance (Lazere, Hou 1991, 24-25).

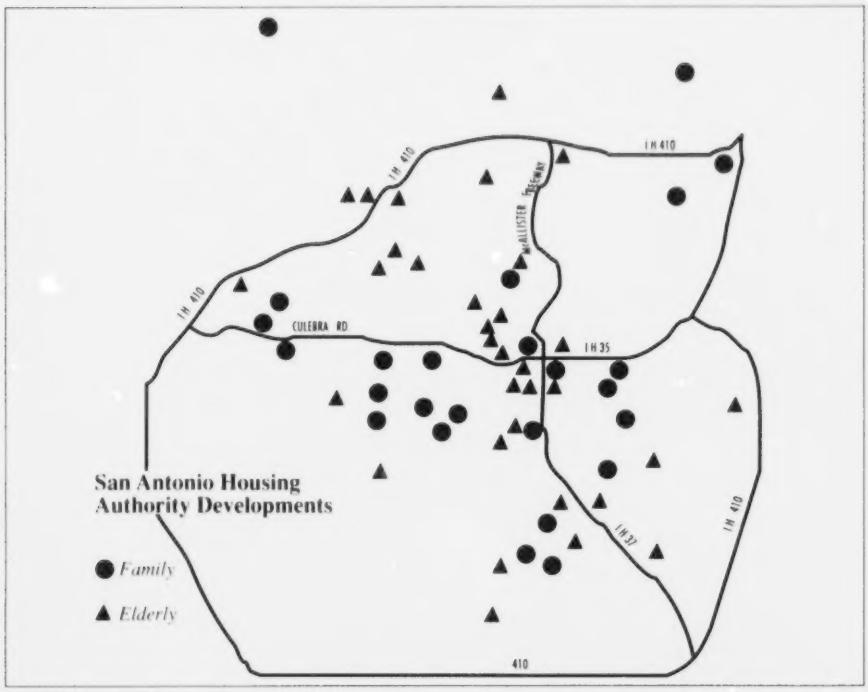
IV. Public Housing Developments

The San Antonio Housing Authority (SAHA) is the largest housing authority in Texas. A total of 25 family and 33 elderly developments containing a total of 8,464 units are under its auspices. In addition, five units are either unsubsidized or have rental assistance under the Section 8 New Construction Program.

Most of the developments, especially those for families, are south of I-35 and Culebra. Within that geographical area, there are 17 family and 16 elderly developments. North of that boundary, there are eight family and 17 elderly developments (SAHA 1989, 7).

The number of individual units shows an even greater concentration of public housing in the southern portion of San Antonio. That section of the city has 5,238 family units, compared to just 759 in the northern half. Similarly, 1,400 elderly units are in the southern half and 1,066 are in the northern (SAHA 1990a, 1-2; SAHA 1990b, 1-4).

Those living in public housing developments have a much greater chance to become victims of crime. Statistics reveal that between January 1990 and June 1990, a total of 5,141 crimes were committed within the



Most public housing developments are located south of Culebra Road on the west side of San Antonio and below I-35 in the eastern portion of the city.
Source: San Antonio Housing Authority.

confines of 11 of the largest family housing developments, consisting of 4,856 units. On average, every single household in these developments was victimized by crime within six months. Theft, burglary, and assault comprised almost a fifth of all crimes committed at the projects. Even more alarming is the number of narcotics-related police calls received through the Housing Authority during 1989. The police responded to almost 500 calls during that 12-month period, compared to 5,723 for the rest of San Antonio. The likelihood of being in the vicinity of a narcotics-related crime is three times greater in public housing developments than the rest of the city (SAHA 1990c, 1-2).

As of February 1990, 12,437 households in San Antonio were on the waiting list for Section 8 housing.

Low-income families who wish to avoid life in public housing developments may qualify for Section 8 housing, a program allowing a family to rent any of 7,683 participating units anywhere in the Housing Authority's jurisdiction. Section 8 units can be single family homes or units within unsubsidized apartment complexes. But the chances of gaining access to this type of "mainstream" housing are slim. As of February 1990, 12,437 applicants were on the waiting list (SAHA 1990d, 2).

Public Housing Resident Characteristics

As of February 20, 1991, the population of the San Antonio Housing Authority's conventional public housing developments was 22,425 persons, including 11,627 children and 2,720 elderly. There are 11,822 persons employed either full-time or part-time and 3,046 persons receiving Aid to Families with Dependent Children (AFDC). The average annual gross

Among those living in public housing developments in San Antonio, the employed outnumber those receiving AFDC nearly four to one.

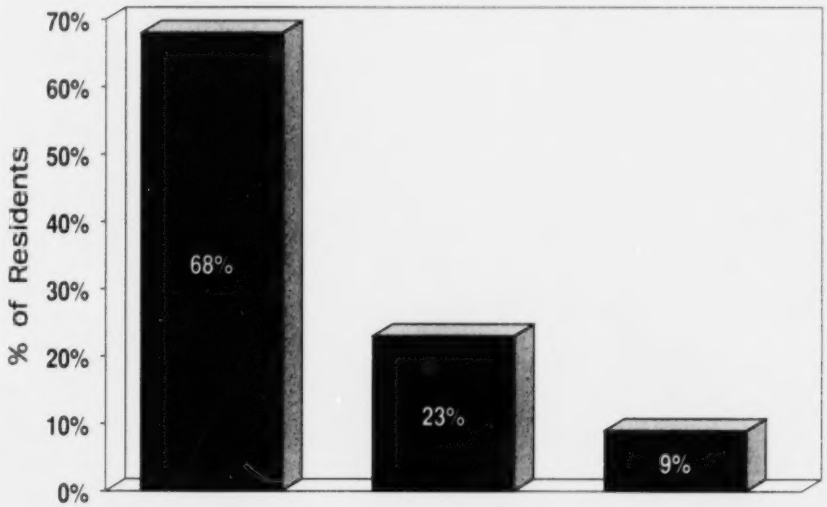
income is $5,762 and the average monthly rent is $116 (McCumber 20 Feb. 1991). The ethnic distribution is 67 percent Hispanic, 15 percent black, 15 percent white, and 3 percent other (SAHA 1990e, 2).

Some 75 percent of families living in public housing projects are headed by a female parent, with 23 percent being two-parent households and just 2 percent headed by males (SAHA 1990f, 3).

A common perception is that public housing residents are primarily supported by welfare and that once housed in the projects, families remain. But the figures reveal that in reality, the employed outnumber those receiving AFDC nearly four to one, and the vast majority (72 percent) of families have lived in the projects for five years or less (McCumber 20 Feb. 1991; SAHA 1990f, 7-8).

Tenants of all government subsidized homes pay 30 percent of their annual income for rent. In some instances, this includes utilities, while in other cases there is a dollar allotment for utilities. If the tenant uses more than the allotted amount, they must pay the balance. Most families pay $200 or less for rent in subsidized units in the projects. But what happens when a family cannot meet the rent at a public housing project? Between May 1989 and May 1990, that meant eviction for 84 families (SAHA 1990g, 1). While this represents just 1 percent of those in public housing developments, it illustrates the severe poverty of those who cannot afford even the least expensive residence. Their options are limited and fading.

Figure 9: Length of Resident Stays in Public Housing Units, San Antonio, 1990



Most public housing residents remain in those developments for less than five years.
Source: San Antonio Housing Authority.

V. The Homeless

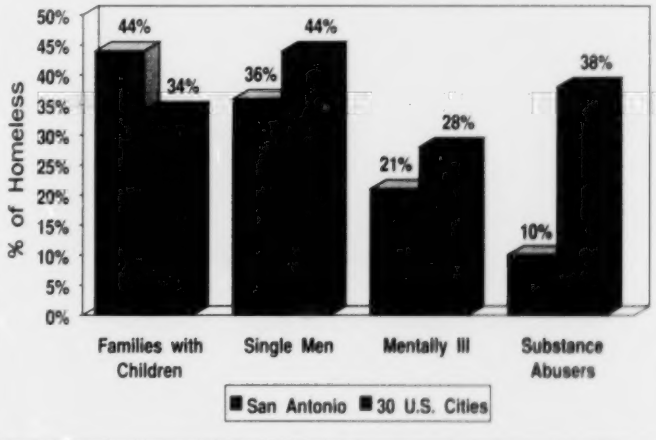
Traditional images of the homeless are single men and women pushing their belongings in a shopping cart or carrying them in a bag, often abusing drugs or alcohol. The reality is that homelessness is a growing problem for families, often stemming from the lack of affordable housing, failure to pay rent and subsequent eviction, a family crisis, loss of job, or illness. In 1990, San Antonio's homeless population was estimated to have increased to 5,300 from 4,100 in 1989, a 29 percent increase that followed a 24 percent increase in 1989. But getting a solid count of the homeless population is almost impossible. Counting individuals in shelters excludes those sleeping in cars, under bridges or in similar rough circumstances. Many parents are afraid they will lose their children if they admit to being homeless, so they conceal their true living situation when asked.

San Antonio's homeless population increased 29 percent in 1990, following a 24 percent increase in 1989.

A 30-city survey by the United States Conference of Mayors from December 1990 shows that San Antonio's increase of 29 percent in requests for emergency shelter was higher than the 24 percent average among all participating cities. San Antonio's homeless population has many distinctions that set it apart from the homeless in other cities. For one thing, San Antonio's homeless are more likely to include families rather than single men. This was not indicative of the 29 other cities, as only eight of them could claim similar proportions within their homeless populations. Sixty-five percent of those in homeless families in San Antonio are children, a fact made more troubling by a U.S. Department of Education estimate that one in three homeless children do not attend school (US COM 1990, appendix, 55; CDF 1991, 108). As Figure 10 shows, San Antonio's homeless population is less likely to be mentally ill or to take part in substance abuse than the homeless in other cities.

Perhaps most intriguing is the explanation each city gives in the report

Figure 10: Comparison of Homeless Population, San Antonio vs. 30 U.S. Cities, 1990



San Antonio's homeless population reflects the characteristics of the city's poor—families, children, and a tendency away from substance abuse.
Source: U.S. Conference of Mayors.

on its homeless population. San Antonio listed the lack of affordable housing, unemployment, other employment-related problems, poverty, and inadequate benefit levels in public assistance programs as the leading causes of homelessness. Other cities noted mental illness, substance abuse and family problems as main contributors to homelessness. In effect, homelessness is the end result of many problems San Antonio's poor face which are chronicled throughout this report. Unemployment, low wages and low benefit levels all play significant roles in San Antonio's growing homeless population. On the other hand, family disintegration was not cited as a factor in San Antonio's homelessness, underscoring the concept that families make up a large portion of this city's poor population (US COM 1990, 33).

The report states that for San Antonio, "The number of unemployed and underemployed people continues to increase. The closing of major manufacturing plants in this locality accounts for the increase in the number of unemployed. The City, Chambers of Commerce, and other economic business entities need to secure industrial businesses with a history of long-term commitment to communities that will offer better paying jobs and benefits than existing service-oriented businesses" (US COM 1990, 59).

***"The City, Chambers of Commerce, and other economic business entities need to secure industrial businesses with a history of long-term commitment to communities that will offer better paying jobs and benefits than existing service-oriented businesses"*— excerpt regarding San Antonio in U.S. Conference of Mayors report on homelessness.**

A further profile of the homeless is provided by Visitation House, a temporary shelter for women and children. Visitation served 483 guests between 1986 and 1990. Of these, 140 were single mothers with a total of 227 children. Fifty-eight percent were Hispanic, 11 percent black, and 31 percent white. Fewer than 37 percent of the mothers held a high school diploma (Visitation House Records 1986-1989).

San Antonio has a total of 11 shelters with a capacity of 850 beds. Prior to 1981 there were 415 shelter beds, which served primarily homeless and often transient men. In June 1988, a survey completed by San Antonio shelter providers revealed that 23,000 persons were served by the shelters between June 1, 1987 through June 1, 1988 (Graf and Hayes 1988, 2).

Multiplying the number of beds (850) in San Antonio by the number of days in a year yields a total of 310,250 bed-nights that the shelters could possibly provide, a figure much higher than the 23,000 served in the previous survey. This would seem to indicate that plenty of beds exist to house those who want shelter. Even so, that does not mean that the needs of the homeless in San Antonio are being met. The number needing protection from the elements swells during cold weather periods, and in the U.S. Conference of Mayors survey, San Antonio reported that shelters are forced at times to deny requests, in which case the city can house homeless persons in hotels until space becomes available. If all of San Antonio's 5,300 homeless requested shelter on a given night, the 850 beds would be unable to accommodate the demand.

However, plans are underway to expand services at the the Dwyer Street Project. This facility, scheduled to be completed in 1992, will provide 88 single rooms (SRO) to single men and women, transitional housing for 16

Families such as this one typify many of the homeless in San Antonio. Basic needs: health care and education, become an afterthought when parents and children must first find shelter.

families, comprehensive social services and additional emergency shelter (City of San Antonio 1990, 1, 2).

As it has done little to keep families from becoming homeless, the federal government has done little to help those who find themselves without shelter. One exception is the Stewart B. McKinney Homeless Assistance Act, which encompasses more than 20 separate programs that provide emergency food and shelter, health care for the homeless and provisions that remove educational barriers to children. However, the McKinney programs have never been fully funded (CDF 1991, 114).

VI. Conclusion

In about 10 years, economic factors and policy revisions have literally thrown thousands of San Antonians into the streets and caused thousands more to live in cramped and deteriorating quarters. Not only are these household units crowded and dangerous, they also consume a larger portion of household income than the residences of wealthier persons. The change in the ratio of low income renters to low-rent units shows the rapidity of the growing plight many poor households face when trying to find decent and

Economic factors and policy revisions have, in about 10 years, literally thrown thousands of San Antonians into the streets and caused thousands more to live in cramped and deteriorating quarters.

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affordable housing. With so few opportunities and so many households requiring inexpensive housing, those able to obtain a suitable place to live should consider themselves lucky.

For those not so lucky, local entities have stepped up their efforts to stem the tide of households needing low cost housing. But these initiatives simply cannot meet current demands for housing assistance. Local efforts have been able to serve only a fraction of those in need while 16,000 households find themselves fortunate even to be on a waiting list.

While these efforts are admirable, they reach only a small portion of those needing housing assistance. The problem is just too immense to be effectively handled locally. Clearly, to achieve significant improvement in the quality of life of many low-income San Antonians, a marked reversal of recent policy at the federal level is necessary. Just when market forces squeezed low income households from their homes, the federal government reduced its commitment to help such families. San Antonio is no worse off in several respects than other major metropolitan areas, a cause for alarm—not relief—underscoring a national tragedy in our midst.

San Antonio's poor households experience overcrowded and substandard housing more than twice as often as their counterparts across the country, underlining the crisis of quality household units in this city.

The precipice on which many poor San Antonio families stand is growing more crowded all the time. For many poor families, a layoff, serious illness or other unforeseen occurrence could force them into even more unbearable living conditions.

The precipice on which many poor San Antonio families stand is growing more crowded all the time. For many poor families, a layoff, serious illness or other unforeseen occurrence could force them into even more unbearable living conditions, which may be evidenced by the rise in homelessness in San Antonio over the past two years. Unfortunately, family units comprise the second-largest group of homeless persons in San Antonio, with 44 percent of all homeless requests coming from families. This bodes poorly for the future of the city, as so many children must try to develop physically, mentally and intellectually without a permanent roof over their heads.

San Antonio is no worse off in several respects than other major metropolitan areas, a cause for alarm—not relief—underscoring a national tragedy in our midst.

Inadequate housing conditions affect a large number of poor persons in San Antonio, and unless more assistance is made available, the situation will probably worsen. Without additional help, the only way many low income households will be able to live in a safe and nurturing environment is through a sudden rise in income. Given San Antonio's stagnant economy, low wage scale and high unemployment, that is unlikely. City, state and national leaders must come forward to improve the situations of many poor families or the present urban decay and erosion of family life will surely continue.

HOUSING

Participants perceived housing among San Antonio's poor as a serious problem—requiring serious commitments from private, public and non-profit institutions. Almost all participants thought every family in San Antonio deserved decent, affordable and permanent housing. All sectors, private, public and non-profit, have a role to play in hastening the achievement of that goal. While federal support for housing was noted for its absence, private initiatives in constructing and improving housing was recommended as the best way to address the need for better and more affordable housing.

Increasing affordable housing and facilitating home improvement loans for low-income homeowners was identified by participants as an answer to the problems of overcrowded and substandard housing.

Working poor families pay a major portion of their income for housing and live on the precipice of homelessness. Illness, unemployment, or other unexpected financial emergency can cause a poor family to lose their home or be forced to "double up." Increasing family income, combined with increased support services, will help poor families provide a safe and more secure living environment.

A family housing master plan was recommended for families in public housing. Participants saw public housing as a temporary and transitional arrangement, so support services should be made available to assist families in public housing to progress toward independent housing. Participants felt comprehensive social services that assist public housing project residents to make the transition to single family homes can ease the stress of relocation and increase the potential for a permanent housing solution.

The response to homelessness included a recommendation to gather more accurate information on numbers and on family composition of the homeless in the city and to meet homeless families' immediate needs. Participants believed the most crucial element in homelessness was prevention.

Community Response

- The following summarizes discussions that took place during both community advisory meetings:
  - ***Increase federal support for providing affordable decent housing for low-income households.***
  - ***Establish a partnership between city government and private developers to building low-rent units.***

- ***Support non-profit and community-based housing initiatives with increased funding and technical support.***

- ***Encourage development of community-based housing corporations to increase the number of housing units.***

- ***Raise federal, state and local investment to expand the supply of affordable housing, particularly in low-income areas.***

- ***Ensure that the federal government resume its responsibility for providing decent housing for low-income households by increasing resources so the number of new households assisted will rise at least to the levels of the late 1970s.***

- ***Increase home ownership opportunities for households with incomes between $10,000-$20,000.***

- ***Ensure that lending institutions offer low-interest home improvement loans to owners for maintaining and upgrading property value.***

- ***Create an automated network among all local housing programs to inventory all available low-cost housing resources to alleviate long waiting lists.***

- ***Take steps to upgrade the quality of public housing units and to create initiatives to improve the quality of life in public housing communities.***

- ***Provide a mechanism so families could progress more easily from public housing to permanent residences.***

- ***Examine changing public housing administration policy from operating under a private sector profit motive to one committed to creating a positive living environment through maximizing services.***

- ***Ensure that public housing administration promotes better resident/management relations, better living conditions, and provides services that reflect sensitivity to resident needs, such as offering family crisis counseling when rent cannot be paid as scheduled.***

- ***Reestablish the transitional nature of public housing by designing procedures that would move families paying $250 a month or more for rent in Section 8 homes into Resolution Trust Corporation (RTC) homes.***

- ***Offer families on the verge of homelessness emergency assistance and support mechanisms to ensure housing stability.***

- ***Conduct a comprehensive study aimed at determining the number of family composition of the city's homeless so as to inform policymakers.***

- ***Increase the number of public housing units available to homeless families as well as providing transitional support services to help lead homeless families toward independent living.***

CHAPTER 5

HUMAN SERVICES

For her 39 years, Rosario has not given up on life. "No matter how bad things have gotten, as long as I can work and I have my family, I'll be okay."

Rosario was born in Mexico, where she lived until she was 17. "I only went to the third grade and I hated it. My dad was a ranch hand, so I would go with him and my mother to help them. So I can't read or write and it's hard here because I can't speak or understand English. So I tell my kids how important school is because I can't speak or understand English."

Rosario is unmarried and has two boys, Omar, 13, and Carlos, 7, who is a hemophiliac. "I didn't know he had this until he was two months old. He got real sick, he had a real high fever. I took him to the Brady Green Clinic and they said he was too sick so they sent him to the Bexar County Hospital. There they told me he had a blood clot in his brain and they would have to operate. They said there was a 50/50 chance he would die or be crazy because the blood clot was so close to his brain.

Carlos was then sent to Santa Rosa Children's Hospital, where he was operated on and stayed a month. Companies have set up a program for children with health problems like Carlos to pay for hospital costs. "Where I work they don't have health insurance, only work insurance for me. So I don't know how I would have paid it. Right now, if the kids get sick I take them to the Barrio Clinic or the Brady Green Clinic."

Though Carlos' operation left him mentally incapacitated, he leads a productive life. He participates in a special education program for children with mental health problems.

"When he was small, he was enrolled at the Jose Cardenas school in the Edgewood school district, and received day care at the YWCA."

Rosario is a proud woman. "As long as I can work, I'll be all right. The only thing we get is supplemental security income for Carlos. The check is for him, not me."

As for taking care of Carlos, she tiredly says, "It's hard sometimes. My mother lives with me, so she could take care of him when he gets sick. But now that he's bigger he's too big for my mother to carry him.

"But my bosses are really nice, they don't say anything. I've worked there for 17 years. It's a factory that makes household things, so I do whatever they need me to do."

Rosario wants the best for her kids and stresses the importance of school. "I don't know much about school but I do know that's what's going to get you ahead. I tell Omar and

Carlos they have to work hard in school. Omar likes school and does okay, but Carlos hates school. His teachers are always calling me up and telling me about how much trouble he is. I try do to my best and tell Carlos he needs to behave and do his work. The only thing that has worked lately is that Omar won a trophy for something at school and Carlos wants one. So this past week, he's been doing his homework at school, which he usually brings home. So we'll see how long this lasts."

She also stresses the evils of drugs and alcohol. "Like those commercials that say, 'Say no to drugs,' I tell my kids and they laugh. But they know I'm serious, I don't drink or smoke. I can barely afford to feed my kids much less have these bad habits. I tell them that's no good. Too many people get involved with this. I tell my kids as long as they can work, they might not have everything but they won't be embarrassed because at least they're working."

Rosario became tearful when asked what she wants for her future. "All I want is my kids to work hard like I did and ask God to let me continue to work. I've always believed in that saying, 'Never look back but only look to the future'."

Highlights

- A welfare recipient in Texas receives $56.90 a month, the 47th lowest amount among all 50 states. Moreover, since 1970, the real value of AFDC benefits in Texas has declined 60 percent, the largest drop in any state, including the District of Columbia.
- Only 25 percent of all poor persons in Bexar County receive AFDC.
- The average Texas AFDC recipient has 2.2 children, and three out of four welfare caretakers receive benefits for less than two years.
- By state law, Texas can devote only 1 percent of state expenditures to AFDC. For fiscal 1990, only 0.7 percent of the state budget went to AFDC, possibly costing Texas an additional $140 million in federal matching funds that would have been allocated if the state had met the 1 percent limit.
- Strict state eligibility requirements and low funding levels kept 68 percent of Texas' 1.2 million poor children from receiving benefits of any kind in 1988.
- Texas has one of the most unfair taxation systems in the nation. Taxes take 17 percent of the income of the poorest fifth of the state population, the second highest proportion nationwide. Meanwhile the wealthiest fifth of the population devotes only 3 percent of its income to state taxes, the fourth lowest level in the United States.
- With a projected budget deficit of $4.6 billion over two years, Texas has examined several methods of revenue raising. Among these is a state lottery; however, the nation's largest lottery in California clears a profit of just over $1 billion annually, about an eighth of what a 6 percent personal income tax would raise.

The mid-1960s was the period when the United States publicly acknowledged the existence of and launched its War on Poverty. Many programs developed during this effort still exist. Twenty-five years later, not only has research been conducted to measure their success, but there has been considerable public discussion on the merits of the programs and on the ability of government to overcome poverty.

Following these studies and debates, differing philosophical perspectives have been put forth, some declaring that welfare and similar programs undermine the work ethic, create dependency, and actually cause a rise in poverty. Others have responded that without such programs, poverty would be even more severe, and if funded in a manner worthy of the immense problems they were meant to remedy, poverty could be even lower. Studies have verified the success of these initatives and others like Head Start, employment and training, and the Job Corps, yet the debate over the value of poverty programs continues.

To fully understand the merit of these arguments one must look at the effectiveness of these initiatives given the historical context of funding levels and the allocation strategies of these programs, the public perception of them and the role they play not just in the lives of the poor but in the economy of San Antonio.

A review of federal funding for programs designed to help the poor over the past 25 years indicates that a great many resources went to the elderly, rather than to programs such as AFDC (Aid to Families with Dependent Children, or welfare), food stamps and Medicaid, which are specifically targeted for the poor. The end result is that measurable improvements can be seen in the elderly and disabled populations while the number of poor able-bodied and non-elderly persons continues to increase.

The public perception of anti-poverty programs for families and children often rests on the notion that they provide "hand outs" rather than "hands up." The recipients are less interested in working and prefer living on federal assistance. If we are to recognize once and for all the benefits these interventions have had for San Antonio poor families and for the economic health of the entire city, we must all define our views of poverty and human service programs above such misperceptions.

I. AFDC

In 1984, Charles Murray voiced the opinion of many in *Losing Ground: American Social Policy, 1950-1980.* In his book, Murray contended that by 1970, Great Society programs including AFDC would cause an unmarried couple to have a child outside of marriage and leave the work force. Murray cited increased social spending between 1960 and 1970 as the culprit, giving him "proof" of common misperceptions regarding AFDC, namely, that welfare causes joblessness and an increase in female-headed households.

However, looking at the facts, one sees that Murray's example applied only to Pennsylvania, where AFDC benefits rose at twice the national rate during the 1960s. More important, Murray curiously chose 1970 as the standard against which he measured 1960, because a clear reduction in AFDC benefit levels had occurred since 1970.

Furthermore, Murray failed to mention the incentives for working enacted since 1970, especially the Earned Income Tax Credit, described in Chapter 3. Murray also says that the increase in social spending between 1968 and 1980 was pointless because it did not cause the poverty rate to drop. Again, Murray does not mention that the unemployment rate of 1980 was twice that of 1968, and as explained in Chapter 3, unemployment and recessions are particularly tough on the poor and minorities.

Nevertheless, during the domestic cuts of the 1980s, policy makers cited Murray's selective conclusions in *Losing Ground* as the basis for reducing

Source: Texas Department of Human Services.

Figure 1: Percent of Budget Allocated to AFDC, State of Texas, 1990

Texas provides a monthly AFDC grant of $56.90, or $1.89 per day per recipient, the 47th lowest payment in the United States.

education, child nutrition, housing assistance, the Job Corps, revenue sharing, and urban development grants (Wilson 1987, 16, 17, 94). This brings us to the present situation in which the poor are suffering the results of these continuing misperceptions. For example:

Myth: Welfare benefits reduce the work incentive of poor individuals, thereby increasing poverty.

Fact: Texas provides a monthly AFDC grant of $56.90 or $1.89 per day per recipient, the 47th lowest payment in the United States. A family of three can only receive a total of $2,084 a year in AFDC benefits, which leaves them 81 percent *below* the federal poverty level. Indexed for inflation, the average AFDC payment in Texas has actually dropped 60 percent since 1970, the largest decrease among all 50 states and the District of Columbia (PFH 1991, 4).

Nationwide in 1970, the median level of state AFDC benefits could lift a family of three within 71 percent of the poverty level. After falling 31 percent in real value from 1970 to 1985, today the median state's AFDC maximum benefit for a family of three is $367 a month, 45 percent of the poverty level (CDF 1991, 26).

Texas is the only state with a constitutional limit on the amount of funds expended on AFDC and can spend no more than 1 percent of the state budget on welfare.

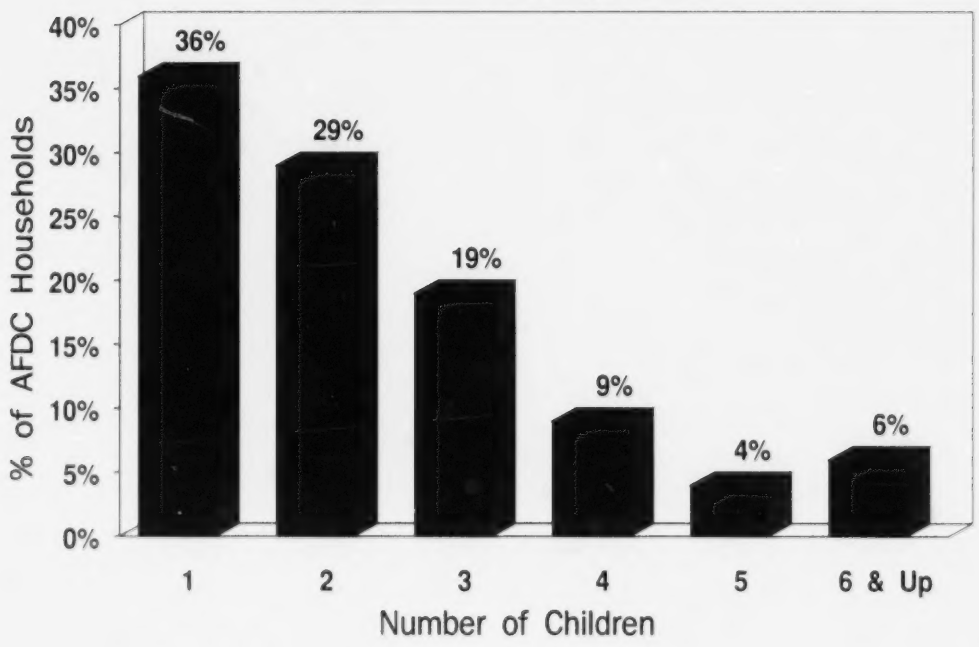
Myth: Most of the poor are on welfare.

Fact: Only 25 percent, 63,283 of the poor persons in Bexar County, receive AFDC (TDHS 1990a, 76; TDHS 1990b, 1). Nationwide, AFDC reaches 61 percent of poor children (CDF 1991, 27).

Myth: Women on welfare have babies so they can receive additional welfare benefits.

Fact: In 1990, San Antonio area AFDC caretakers had an average of 2.2 children with 36 percent having only one, 29 percent having only two, and 19 percent having three children. Only 6 percent had more than five children. The youngest child in a San Antonio AFDC caretaker's family tends to be under 5 years of age (69 percent of 22,759 caretakers), with 20 percent having a child between the ages of 6 and 10, and 13 percent of the caretakers having a youngest child more than 10 years old (TDHS 1991, 15).

Figure 2: Number of Children in AFDC Households, San Antonio Area, 1990



Source: Texas Department of Human Services.

In 1988, more than 25,080 Texas AFDC recipients found jobs.

Myth: People who receive AFDC stay on welfare for many years.

Fact: Three out of four Texas recipients get benefits for less than two years, 80 percent for under three years (TDHS 1989, 4).

Myth: Welfare recipients do not want to work.

Fact: In 1988, more than 25,080 Texas AFDC recipients found jobs (TDHS 1989, 5).

Myth: Too much of our tax money is going to support mothers on welfare.

Fact: Texas is the only state with a constitutional limit on the amount of funds expended on AFDC, and can spend no more than 1 percent of the state budget on welfare. In fiscal 1990, only 0.7 percent of the Texas budget was spent on AFDC, amounting to $157,138,662 out of a state budget of $22.793 billion. This policy hits the poor in two ways. First, the meager state funds are wholly inadequate to provide any sort of decent existence for poor families. Worse, the state's failure to contribute to AFDC costs Texas matching federal funds for AFDC. In fiscal 1990, the federal government matched Texas' contribution with $251 million. Another $3.1 million from other sources increased the total funds for AFDC in Texas to $412,426,339.

Had Texas contributed even the constitutional limit of 1 percent to AFDC—an additional $70,791,338—the added federal contribution would have been around $140 million. In other words, another $210 million could have gone to AFDC families, more than half of the actual total.

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Myth: Cheating is common among welfare recipients.

Fact: In 1990, a scant 205 of 168,826 AFDC caretakers and food stamp recipients in Bexar County were adjudicated for fraud, representing just 0.1 percent of all cases (TDHS 1990a, 76).

These are a few of the myths about welfare which perpetuate and offer little constructive commentary regarding the poor. The facts behind human services programs in Texas reveal that in 1988, strict state eligibility standards and low benefits denied about 68 percent of the 1.2 million poor children from receiving any benefits at all. These same restrictions kept a third of the 3.2 million poor Texans from receiving services that year (TDHS 1988, 2,9). In 1990, even including food stamps and Medicaid, the average AFDC child in San Antonio lived in a home where the resources reached only 71 percent of the poverty level (TDHS 1990c, 49).

AFDC Recipient Profile

The Texas Department of Human Services divides the state into 10 regions for administrative purposes. Bexar County is in Region 9, along with 21 other counties. However, Bexar County's population accounts for 73 percent of the total population in Region 9, and 78 percent of the region's AFDC caretakers. In this chapter, while the "San Antonio region" actually refers to Region 9 statistics, county-specific data and information is noted as such whenever presented.

In August 1990, a total of 17,828 caretakers (head of households) received AFDC benefits in Bexar County, a caseload expected to increase as a result of changes dictated by the Family Support Act of 1988. Among the changes is a provision that allows two-parent families to receive AFDC if the principal wage earner has been recently unemployed. Two-parent families can receive cash benefits for six months during every 12-month period and can continue to receive Medicaid benefits throughout the year (TDHS 1990a, 14). Previously, Texas was one of 23 states that did not extend benefits to families with two parents, even if both were unemployed (PFH 1991, 4).

In 1990, even including food stamps and Medicaid, the average AFDC child in San Antonio lived in a home where the resources reached only 71 percent of the poverty level.

In August 1990, assistance was going mainly to single mothers with children. Of the San Antonio region's 22,759 AFDC caretakers, 21,812, or 96 percent were female. Some 73 percent of the region's caretakers were Hispanic, while whites accounted for 14 percent and blacks 13 percent. American Indian, Asian and others comprised less than 1 percent as a group. The mean age for the San Antonio region AFDC recipients was 30 with 64 percent falling in the 21 to 35 age group and significant proportions in the age 36 and over (23 percent) and below 20 (13 percent) age categories.

Bexar County's demographics differ significantly from the state's make-up of recipients. Of Texas' total 171,301 AFDC recipients, 38 percent were Hispanic, 39 percent black, and 22 percent white. Age and gender characteristics were the same among Bexar County and all Texas caretakers.

Welfare Reform

AFDC in Texas and around the nation was changed substantially by the Family Support Act, which became effective in fall 1990. WINGS, the Texas welfare reform program implemented in October 1990, includes Aid to Families with Dependent Children-Unemployed Parent (AFDC-UP), and the Job Opportunities and Basic Skills (JOBS) training program. All non-exempt AFDC recipients are required to participate in JOBS, which includes education, job skills training, job readiness activities, job development, job search, and on-the-job training. Child care is guaranteed to the children of participants, and transitional child care and Medicaid benefits will be provided 12 months after employment is secured.

In 1988, strict eligibility standards and low benefits denied about 68 percent of the 1.2 million poor children from receiving benefits of any kind.

Welfare reform signals a different direction for AFDC, attempting to place emphasis on promoting self-sufficiency among recipients. At this point, it is still too early to evaluate the effectiveness of the new program. In

order to receive full federal financial reimbursement, Texas must enroll 7 percent of the eligible AFDC population in JOBS during fiscal 1991, a requirement that escalates to 11 percent in 1992-1993, 15 percent in fiscal 1994 and 20 percent in 1995 (TDHS 1990d, 2-3).

In Bexar County, there are 818 persons enrolled in JOBS, of whom 279 are exempt from requirements and are participating voluntarily. Recipients must be present at 75 percent of instructional activities to be counted toward the federal participation requirements. As of April 1991, 606 AFDC recipients were enrolled in JOBS, representing 4.4 percent of the non-exempt population (Minnfee 27 June 1991).

II. Other Income-Related Public Assistance Programs

Food Stamps

The food stamp program is designed to help meet nutritional needs of low-income families by supplementing their food purchasing power. Eligibility is open to both one and two-parent households, adults over sixty, the disabled, and families on AFDC. To qualify, the members of a household must have combined incomes below 130 percent of the federal poverty levels and have accumulated resources of less than $2,000 (TDHS 1990a, 15). If, however, a family member is 60 years of age or older, households can have up to $3,000 in accumulated assets. Under 1991 poverty guidelines, to qualify for food stamps, a family of four must earn less than $17,420.

It can be conservatively estimated that 30,000 qualifying persons in Bexar County do not receive food stamps.

The number of Texans receiving food stamps continues to increase. In fiscal 1990, an average of 1.88 million people received food stamps every month, compared to 1.63 million in 1989, and 1.56 million in 1988—a 21 percent increase over the past three years (TDHS 1988, 16; TDHS 1990a, 16). In Bexar County, 168,826 individuals received food stamps monthly.

The San Antonio area has fewer participants than are eligible. Keeping in mind that most individuals living in households below 130 percent of the poverty level are eligible, and more than 200,000 individuals in the county are poor, it can be conservatively estimated that 30,000 qualifying persons in Bexar County do not receive food stamps.

Day Care Services

A major reason many mothers receiving AFDC do not work is the lack of affordable quality day care or other custodial or educational day care programs. One study found that 40 percent of all women and 60 percent of low-income women who were not employed would work if they could find affordable child care (Maynard, *et al.* 1990, 16). Child care services provided by most non-profit organizations could cost between $76 to $105 a week for two children, the average in an AFDC recipient's family. A single parent

with no federal assistance earning minimum wage ($170 a week without deductions) would spend a minimum of 89 percent of her weekly salary on child care. These are the realities faced by single parents seeking employment without child care subsidies. Fees at for-profit day care centers can reach up to $150 a week for two children. Statewide, TDHS serves fewer than three percent of all children eligible for day care services. Only 18,510 Texas poor children receive the supervision they need so their parents can work or receive the training that will help them secure a job.

Changes in the delivery of services, plus increases in TDHS funding for the new child care management system have resulted in a 26-percent increase in the number of children served in Bexar County: from 1,979 in fiscal 1989 to 2,686 in fiscal 1990. During that same period the State of Texas increased its service coverage from 16,611 children per day to 18,510, increasing expenditures from $37.1 million to $43.5 million.

Energy Assistance

This program is funded through a block grant called the Federal Low Income Home Energy Assistance Program, which provides energy assistance as often as twice a year to low-income individuals who cannot afford to heat or cool their homes adequately. Most AFDC, Social Security Income (SSI), and food stamp recipients qualify for the service. However, these services may not be denied to anyone whose family income is at or below 75 percent of the federal poverty guidelines. For instance, the federal poverty guideline for a family of four is $13,400. A family earning less than 75 percent of that, or $10,050, could not be denied energy assistance. During fiscal 1990, local contractors in 249 Texas counties provided emergency assistance to more than 149,603 people at an estimated cost of $884,429 (TDHS 1990a, 20).

However, the number of clients served has been declining because of federal budget cuts. Of particular concern for South Texans, regulations now limit the cooling program only to those having a medical need for cooling, or those who are Women, Infants and Children (WIC) participants, or those over 60 years of age. This assistance is expected to continue to decline, adversely affecting people already struggling with utility costs (TDHS 1990c, 57).

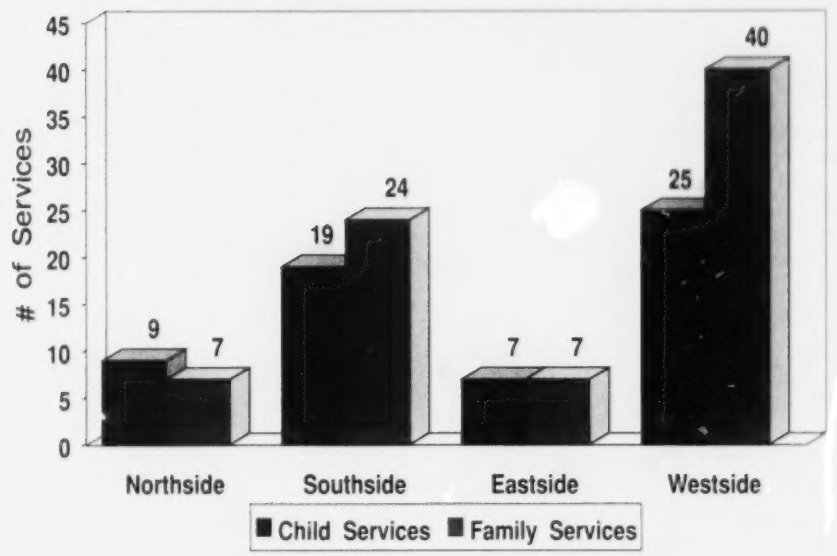
One study found that 40 percent of all women and 60 percent of low-income women who were not employed would work if they could find affordable child care.

III. Personal Social Services in San Antonio

The chief distinction between public assistance and personal social services rests on whether a "means test" determines eligibility. Unlike public assistance recipients, individuals who seek personal social services do not need to meet certain minimum income levels to qualify. While most agencies have some assessment rules, the data they collect is most often used to explore

Source: United Way of San Antonio & Bexar County.

Figure 3: Child and Family Services by City Region, San Antonio



the extent or the type of service needed not simply to determine eligibility.

The following analysis excludes organizations and agencies that provide health services, or have primary education or housing as a focus. The exception is housing providers that facilitate temporary residential care.

A total of 226 social service organizations through the city are included in the sample. These agencies are categorized by the services they provide.

Children's Services

According to the 1980 census, every city council district in San Antonio, except for Districts 8 and 9, had at least one census tract where the under-5 population made up more than 10 percent of the total population in that tract. City Council District 6 in the southwest section had the largest under-5 population at 8,827, while north-central District 9 had the smallest at 4,906. The northside region (Districts 8, 9, and 10) are below average in terms of the number of children under the age of 5, while all of the other council districts have more than the city average of 6,904 under-5 children (DHRS 1985, 6). Nearly 50 percent of the under-5 children in Districts 1, 2 and 5 live below poverty. Citywide, 31 percent of the under-5 population falls below the poverty level, while 21 percent of the population as a whole falls below. Clearly, poverty is far more prevalent among the community's youngest residents (DHRS 1985, 8).

Programs that provide direct services for San Antonio children include day care, socio-recreational programs, and child learning centers. Table 1 shows that 41 percent, or 25 children's organizations are located on the

westside. This area includes much of council Districts 1 and 5 in the inner city. The southside follows with 32 percent, or 19 children's organizations. Because most of San Antonio's under-5 children below the poverty line reside in these areas, it only makes sense to have programs in accessible sites. The northside has 15 program sites, the eastside 12.

Head Start provides preschool day care services to 2,800 predominantly poor children every year in Bexar County, funded almost exclusively through a grant from the Texas Department of Human Services (TDHS) although some costs are paid for by the city.

The Youth Services Division of San Antonio's Department of Human Resources and Services also provides specialized programs for juveniles, hoping to divert them from first-hand experiences with the juvenile justice system. The division's caseload for Youth Services reaches almost 3,000 referrals a year (DHRS 1990). Many other programs for children are available throughout the city; however, because they are not non-profit entities, they are not included in this discussion. Church programs and services are not included either. These groups provide a valuable service to many of San Antonio's poor, but because their efforts are often undocumented, they are not covered in this analysis.

Without the assistance of many human service providers, this girl's parents would not be able to provide the medical and social care she requires.

Family Support

United Way family support agencies provide a multitude of services to families, among them basic necessities such as food, clothes and assistance with shelter or financial help. Most of the specific services falling under family support include multifaceted organizations, comprehensive in scope and able to address a variety of family concerns. Some of the specific services offered through such agencies include crisis intervention (emergency food, clothing or shelter), financial assistance, individual and family counseling, senior citizen nutrition sites, transportation, and day care.

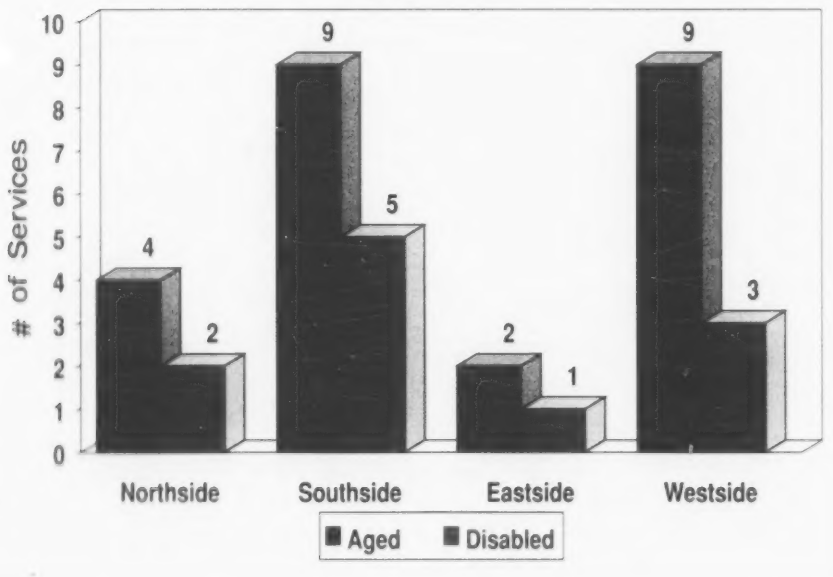
As with the location of children's services organizations, the majority of family service organizations are located in San Antonio's westside and southside. The westside hosts 40 agencies, or 51% of the 78 family services organizations listed in United Way's Community Assistance Directory.The southside accounts for 24 or 31% of the sites. The northside and eastside each have seven family service sites, or 9% each of the listed family service organizations.

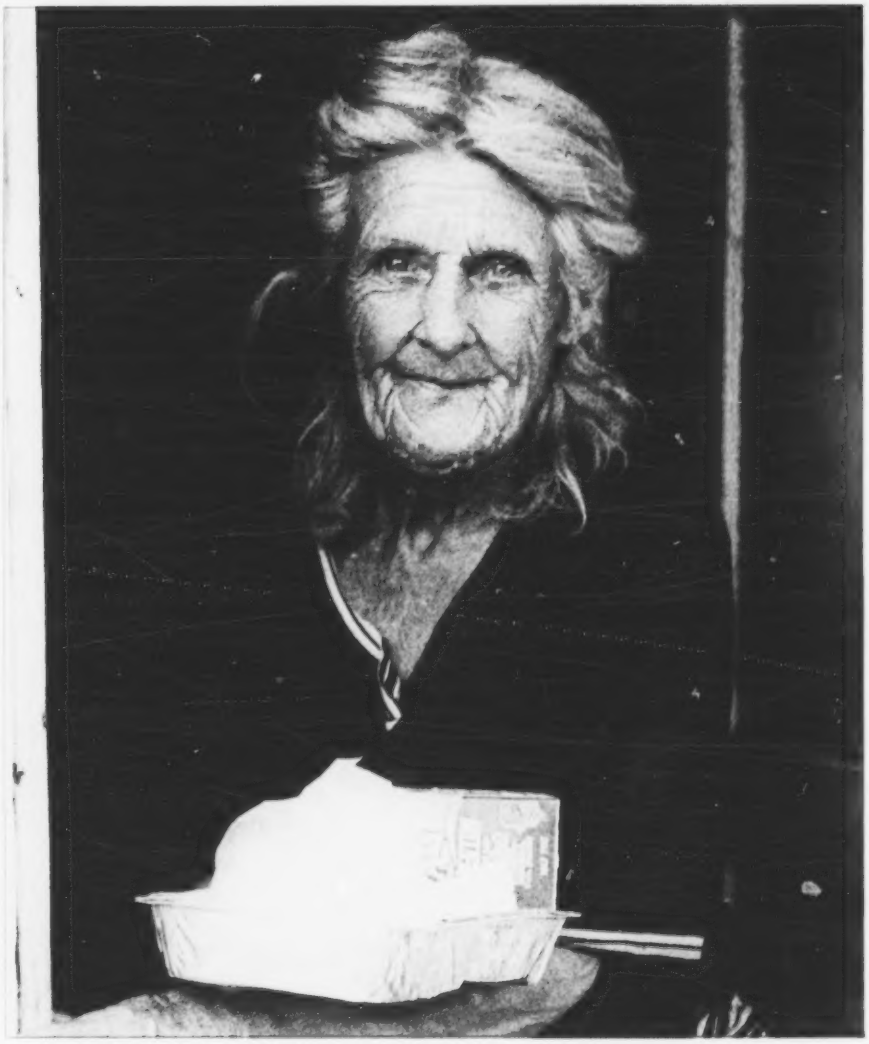
Mental Health

Mental Health services include all those designed to improve the mental well-being of individuals, groups or families. Service agencies or programs with drug or alcohol programs for prevention, intervention or treatment are categorized under the auspices of "mental health" services. Table 2 includes a breakdown of mental health services as well as others to the aged and disabled. Mental health services include psycho-therapeutic counseling for

Source: United Way of San Antonio & Bexar County.

Figure 4: Location of Services for Aged and Disabled, San Antonio





Hot meal programs are among several available to the elderly in San Antonio.

individuals, families and groups, besides offering help to those affected by chemical dependency.

Eighty-three percent of the mental health services are also concentrated mainly within the south and west sides of San Antonio. Of the 53 mental health services organizations, 27 or 51% are on the westside and 17 or 32% on the southside. The northside has eight sites (15%), the eastside has only one such service organization.

These statistics cover only the local United Way associated non-profit agencies and do not include the vast number of mental health services offered through private hospitals, clinics and/or clinicians in private practice. Private services are usually unavailable for financial reasons to the poor, though there are a few instances where private services are contracted and paid for by public assistance health insurance such as Medicaid.

Aged and Disabled Services

While not one single San Antonio census tract had an under-5 population comprising more than 17 percent of the tract's total population in 1980, the elderly did have much higher concentration, predominantly along a central city north to south axis (DHRS 1985, 8). Districts 1, 2, 4, and 5 had populations above the district average, while District 1 alone, at 24 percent, contained nearly a quarter of the city's total 1980 elderly poverty population (DHRS 1985, 10).

Table 2 also categorizes the location of organizations that provide services to the aged and the disabled. A sampling includes local senior citizen centers where peer counseling, advocacy and related services are available. The identified aged and disabled services vary and are designed to target the two populations generally.

A total of 88 United Way affiliated organizations in San Antonio provide services to the aged, the disabled and in mental health. Fifty-three, or 60% of them are mental-health related, 24, or 27% offer services for the aged, and 11, or 13% serve the disabled. As for other personal social service categories, most of these organizations are located in the south and west sides of the city. In fact very few are located in the eastside where only four, or 5%, of the 88 are found. The northside fares a little better with 14, or 16%, related organizations providing services there.

IV. Barriers to Recipient Utilization of Human Services

Cultural Barriers

In a recent article in the *Social Science Review*, Y.C. Padilla warned that "de-emphasizing the social and economic structural barriers to services and focusing on cultural factors has serious implications." Padilla stresses "that the Mexican-American culture is not a transplanted culture but rather that it is shaped by the conditions of living in the United States." Focusing on culture gives the impression that the "acculturated" family form is more correct, and "ethnic family patterns are deviant" (Padilla 1990, 272), helping to condone a "blame the victim" mentality and detracting from a consideration of the barriers to services created by the system itself.

Such barriers are raised when providers fail to acknowledge Mexican-American culture, especially decision making nuances, and information-gathering methods. Mexican-Americans are usually more comfortable with informal and more personal contacts. They generally demonstrate respect for authority figures. Often they need and want information and welcome the opportunity to learn. Loyalty to and concern for the family, both nuclear and extended, is very important (Gonzalez-Ramos 1990, 270-273).

While service providers do need to be more aware of these cultural generalizations, they should also be mindful that several factors, especially the recipient's degree of assimilation or acculturation into the non-minority mainstream society, may determine the extent to which a particular Mexican American individual or family fits these characteristics.

Obviously, language on the part of providers and recipients can also hinder access to services. Even without language problems, how questions are asked by providers and the type of information they request may also affect access. The personal characteristics of providers as well as the recipient (such as age, sex, educational level, or ethnicity) may also influence communication and ultimately the delivery of services.

System Barriers

The public assistance system itself often discourages potential applicants and current recipients alike. The system is large, complex and at times can be unsympathetic. The system does not always consider fully the client population or their special needs. When rules and regulations consume some staff, the services often become driven by the system rather than client needs. When this happens, the staff acts more as enforcers of program regulations rather than partners with the clients in assessing their needs and assisting them in designing a plan toward self-sufficiency. Such a turnabout can easily discourage clients who are already experiencing economic, emotional and environmental deprivation, and who find themselves having to accept not only the assistance, but the apparent negative stigma that accompanies it.

Client populations generally have little education, with limited reading, writing and English proficiency with which to articulate their needs. Transportation is often not readily available either. These logistical and human communication factors can easily inhibit client abilities to deal with huge bureaucratic offices scattered around a metropolis like San Antonio. Long waiting periods also add to client frustration, making efficient use of the system virtually impossible, causing a piecemeal approach to personal problem-solving that is logistically clumsy and not even all encompassing.

To make the application process easier for families during their time of need, services should be in easily accessible centralized locations. Under such an arrangement, agency employees could spend more time designing comprehensive self-sufficiency plans for clients, including employment training, daycare services, health services, public assistance and transportation. That approach would more effectively deal with the limitations the client population is now burdened with, creating a less-troublesome path toward quicker self-sufficiency.

V. Funding Dilemmas

In Texas, the poorest families spend 17 percent of their income to local and state taxes, the second highest portion among all 50 states.

Like the Health, Education and Housing chapters, this chapter describes gross inadequacies in the resources available to the poor in Texas. Born without prenatal care, educated in inequitably funded schools, living in chronically substandard housing, the poor receive very little help when trying to improve their life circumstances. If they stay poor, individuals can count on less than $60 a month for each family member from AFDC; they will experience a Medicaid system that is one of the least generous in the country, and they will learn they cannot depend on the other meager resources while trying to better their own lives and their children's lives.

Like many states, Texas is faced with a budget deficit, with current programs and new initiatives requiring more funds. Unfortunately, for the poor and for the state as a whole, past spending priorities did not reflect the desirability of investing in human beings.

This virtual tradition has led to the present circumstances: Texas either leads the nation or is close to the top in terms of the lack of health insurance coverage, late prenatal care, teen pregnancy, and school dropouts. San Antonio, the state's third largest city, has the highest poverty rate among the nation's largest 50 metropolitan areas, twice as much substandard and overcrowded housing among the poor as found nationally, and serves far fewer individuals eligible for Head Start and WIC than the national average. Yet, preventive health care, quality education and a variety of other programs have proved they save money in the long run. Currently, Texas spends $113 a year for each eligible child in day care support and $25,000 a year housing a juvenile defender in a training school, yet the state department of human services estimates that it serves only 3 percent of all Texas children eligible for day care.

The wealthiest Texans devote just 3 percent of their earnings to taxes, the fourth lowest amount nationwide.

It certainly makes sense to invest in the future of our city and state, yet the big question remains: where to find the resources?

Texas has long relied on two of the most regressive forms of revenue raising, sales and property taxes. Consequently, the state's poor carry a heavy burden, helping to pay for services they receive and from which everyone else benefits too, such as highways and universities. A recent study by the Citizens for Tax Justice cites Texas as one of the most unfair of all the states in terms of its taxation policies. Nationwide, poor families spend nearly 14 percent of their income on state and local taxes; while the wealthiest families spend just 8 percent. In Texas, the poorest families spend 17 percent of their income on local and state taxes, the second highest portion among all 50 states. The wealthiest Texans, meanwhile, devote just 3 percent of their earnings to state taxes, the fourth lowest amount nationwide (Montague 23 April 1991, 1B, 4B). More progressive taxation is an important first step toward alleviating the problems facing the poor and this state.

A lottery seems to be a politically appealing method for raising revenues. Participation is optional, and the entertainment aspects of a lottery make it a form of recreation. However, lotteries are another form of regressive revenue raising too, because those who spend the greatest percentage of their income on lotteries are the poor. Furthermore, lotteries do not raise significant amounts of money, at least not as much Texas needs to resolve its deficit, which has been estimated at $4.6 billion over the next two years. The nation's largest lottery in California generated gross sales of $2.480 billion in 1990, but, only half of that, or $1.240 billion was profit (TCPA 1991, 6).

On the other hand, a recent proposal to the Texas legislature includes an income tax, projected to collect $9.56 billion (*San Antonio Light* 13 June 1991, D10). While taxes, and income taxes in particular, are extremely unpopular with voters and legislators alike, it is time to realize that Texas and its people must make a commitment to improve the state's standing in the nation and the world. This state and every metropolitan area within it are entering a global economy with free trade with Mexico right around the corner, in addition to the competition it already faces. With so many unhealthy, uneducated and unskilled citizens, Texas will not be able to participate in the new world order, and may have to observe from the sidelines the growth and prosperity of others.

A state with unhealthy, uneducated and unskilled citizens will not be able to participate in the new world order, and will observe from the sidelines the growth and prosperity of other countries.

VI. Conclusion

San Antonio's most precious resource is human capital. Developing the resource to its fullest potential determines how much our city will thrive and prosper. The rate of investments in human capital is critical to families, business and the city as a whole. The goal of these investments should be developing healthy and educated individuals who will create stable home environments and strong family units.

It is imperative that Texas do what is in the best interests of the state and San Antonio. It must invest in its people. For too long, the state has ignored the need to educate, train and care for its people. The end result has not been an economic boon, but embarrassingly high levels of social problems that affect the future and the development of the state. New priorities must be set. New goals must be strived for. The status quo can no longer be tolerated.

Failure to invest in human capital at the front end results in greater costs in the long run. These heightened costs will affect Texans in several ways. First, larger bills due to remedy social problems. Second, deprivation of the revenues poor individuals would provide society if they were in the work force or at least working at higher-paying jobs. Third, opportunities for economic development will be lost because the state lacks the quality of human resources needed for businesses to expand or to move to the state.

It is imperative that Texas do what is in the best interests of the state and San Antonio. It must invest in its people.

Finally, the reduced purchasing power of local consumers, brought on by low wages, low skills, low educational level, and the number of available employment opportunities. Texans and San Antonians alike must recognize that they have one choice and one choice only: if they want to improve the future prospects of their own children, they must support the investment of the state and private individuals in all children and families, regardless of their economic status.

HUMAN SERVICES

The family plays the most important role in teaching positive values and creating safe and nurturing environments in times of difficulty. Human services policies that respect and support the family unit were seen by participants as a critical need and a sound investment.

Programs that strengthen the family empower the community. Programs that help families also help prepare children for responsible and productive adult lives. Programs that help families help teenagers stay in school, readying them to enter a demanding and competitive work force. Programs that help families improve the quality of our workers who need new skills so they too, can participate in an economy dependent on new technologies. The cost effectiveness alone resulting from investment in human capital is persuasive; the moral imperative in uniting our community demands it.

Human services initiatives that embrace broadly held beliefs and have a reasonable chance for success deserve financial support from public and private sources. Yet many proven successful programs remain inadequately funded. Participants believed allocation decisions must consider and support comprehensive services that are client-sensitive, utilize inter-agency coordination, streamline eligibility requirements, and promote independence and self-sufficiency. Programs providing comprehensive family support throughout each stage of the life cycle reinforce the family unit, creating opportunity.

Lack of awareness of existing services by eligible individuals was cited by participants as a major accessibility issue. Absence of coordination among providers fragments services and often fails to assist the very population it is designed to serve. Participants concurred that integrating eligibility networks would provide more efficient delivery of services and increase accessibility.

Participants voiced the need for a more equitable and progressive form of taxation. Each of us has an interest in effective, successful human services programs, not just because we all benefit in the long term, but because our moral integrity is at stake.

Community Response

- The following are themes echoed throughout the citizen gatherings:
  - ***Increase funding for human services programs at all levels (federal, state and local) to better meet the needs of poor families in San Antonio.***

- ***Establish funding priorities based on providers offering comprehensive family support programs and inter-agency coordination.***

- ***Include as a measurable objective the coordination of partnerships between providers as a strategy to increase delivery of comprehensive services.***

- ***Expand and implement an automated, integrated computerized network to determine client eligibility, then match need with appropriate services.***

- ***Require publicly funded agencies to conduct public awareness campaigns to inform the community about available programs and services.***

- ***Ensure that funding allocations are directed equitably toward programs and services serving geographic sectors within the city according to documented need.***

- ***Define the role of city government as technical facilitator rather than competitor to community-based organizations in obtaining grants.***

- ***Create partnerships between government, the private sector and non-profit human services organizations.***

- ***Require human services staff to complete cultural diversity training programs.***

- ***Provide culturally sensitive, client-centered training for public assistance direct service personnel.***

- ***Promote the elimination of barriers, including lack of transportation, to accessing human services programs.***

- ***Create an equitable and progressive form of taxation to pay the costs of human services expenditures by calling for the full participation of wealthy Texans and reducing the tax burdens placed on the poor.***

- ***Provide comprehensive and coordinated prevention and intervention services to families and individuals which will enhance their ability to emerge from poverty.***

- ***Create a Community Education Component in all the San Antonio Literacy Centers where children, youth and families could learn about services that are available and how to reach them. The community education would consist of informal forums for structured short-term classes with a basic instruction course on utilizing automated systems to access eligibility requirements. This process encourages independent access to assistance programs.***

- ***Stress the comprehensive nature of services and the importance of providing support to families in areas within several junctures of life (i.e., prenatal care, infant development, medical treatment, childhood education, parental involvement, education, job training, counseling, etc.)***

- ***Create a uniform method of data collection among the school, city, county and state. This method will include a database accessed by zip code, census tract or voting precinct. This would allow researchers, program providers and policy makers to conduct comparative analysis and planning around social and economic issues within specific geographic areas.***

The Challenge

Throughout the San Antonio community there are growing signs of poverty. While many residents may not be aware why poverty persists, everyone is familiar with its effects. Along downtown streets homeless couples find rest for a night sheltered by the entrances of commercial buildings along Commerce Street. Just steps away, visitors are lodged comfortably in luxurious Riverwalk hotels. Not nearly so visible are the effects of poverty experienced by working poor families struggling to sustain a livelihood on the meager income produced by their minimum wage jobs. Lack of health insurance, low levels of educational attainment, substandard and overcrowded housing, insufficient human services—these are the realities poor families face in San Antonio. Yet their frustration is often hidden beneath broader economic strategies which at times fail to address their needs adequately.

The impact of poverty presented in this report, while it seems overwhelming, is incomplete. Merely describing poverty in San Antonio is just a beginning. What must follow is an examination of why poverty still exists in our city, and a recognition of the economic and social consequences we will all suffer if poverty is allowed to persist.

If a person believes poverty can never be eliminated, that individual can also believe it cannot be allowed to consume ever-expanding segments of our population. At risk are all our people and their quality of life, our community's health, our housing inventory and home ownership potential, our economic earning power and the options it brings, our educational opportunities, and our ability to offer a support system to those in need.

Traditionally, we have been encouraged to expect government to solve such immense and complex problems. Autonomous programs, designed in response to individual or class crises, are a standard response. But solutions to the problems brought about by poverty call for comprehensive, coordinated and all-encompassing approaches. Government action by itself is not enough. Leadership and vision are the keys to plotting a course that will finally solve existing and future problems created by poverty in San Antonio.

Leadership must be identified from all sectors—public, private, and non-profit—as well as from the community at large. A clear and focused vision created by consensus, followed by individual and collective commitment, will ensure stronger and more effective policies. Partnership for Hope established such a prototype group when it gathered community members from diverse groups and varied professions to respond to the findings within the report, *Pride and Poverty*. Consensus was not always achieved, but evident throughout the process was enthusiasm and a common willingness to heed and respond to differing points of view. The dialogue that took place during these discussions demonstrated a deep concern for improving the quality of life for all San Antonians.

San Antonio has made significant accomplishments in becoming the tenth largest city in the United States. Through the good work of all our citizens, we have built one of the largest urban centers in America. But we must plan for the inevitable evolution and growth of our city. To bring about genuine improvements, San Antonio must move forward with all its citizens working together.

The information in this report offers everyone who reads it an opportunity to discuss, plan and implement strategies, policies and programs that will produce a strong and effective system whose goal is reducing suffering in our community. We challenge:

GOVERNMENT

- ***To draft public policies based on sound objective research data and analysis that identifies specific community needs.***

- ***To formulate public dollar budgets that will allocate adequate funds for public safety, support systems and human capital development programs with measurable performance standards that will address comprehensively the needs of poor children and their families.***

CITIZENS

- ***To participate in the rights and freedoms of the democratic process by exercising the right to vote at every election.***

- ***To develop community and political efforts around issues whose accomplishment will strengthen our city's families and their neighborhoods.***

- ***To hold policy makers accountable for improvements in the quality of life in our city.***

PARENTS

- ***To serve as role models for children by protecting family values and moral standards from negative outside influences, especially those that promote violence.***

- ***To engage children in community, church and school activities promoting awareness, understanding and appreciation for our culturally diverse community.***

- ***To participate actively in their children's education by becoming active in school volunteer programs.***

BUSINESS LEADERS

- ***To foster civic, social and corporate responsibility for developing their future work force by becoming advocates for children.***
- ***To establish partnerships with local educational resources at all levels.***
- ***To work closely with employment and training programs to ensure their programs match employment opportunities more closely.***
- ***To collaborate with human services providers so working poor families can gain the assistance they need to strengthen their family units.***

PHILANTHROPISTS

- ***To establish better services for the poor as a funding goal and to demand that these services declare measurable goals and objectives.***
- ***To fund collaborative efforts that serve families comprehensively.***
- ***To ensure that funding allocations correspond to our community's identified needs.***

EDUCATORS

- ***To structure schools as family centers that will meet the learning needs of children and provide support for their families.***
- ***To coordinate with other local government entities, human services providers and community organizations to offer programs and services that will strengthen the family unit and improve the quality of life.***

HUMAN SERVICES PROVIDERS

- ***To evaluate their programs and services, redirect their focus where necessary, based on the findings of Pride and Poverty.***
- ***To design programs models designed to coordinate with other human services providers so as to serve poor families more effectively and to expand existing services if necessary.***
- ***To participate actively in grassroots community education efforts to inform families better about the availability of services and how to access them.***

RELIGIOUS COMMUNITY

- ***To become leaders in directing the lives of our youth away from gangs, drugs and violence by offering the church and church halls as a gathering place.***

- ***To create activities within the religious environment that provide "home away from home" environments with appropriate activities.***

URBAN PLANNERS

- ***To design and implement community-wide participation in developing a comprehensive master plan to attack poverty.***

- ***To point the way within that master plan the direction our city must take to achieve healthier, better educated, employed citizens housed in safe and decent environments.***

- ***To emphasize the strengths of San Antonio's cultural diversity, making it the cornerstone for an effective program of economic development.***

- ***To promote an economic plan that encourages new industry as well as local businesses to offer wages adequate to sustain themselves above the poverty level.***

This challenge really belongs to every San Antonian. Partnership for Hope will continue to serve as a catalyst, bringing together policy makers, the poor, community leaders, human services providers, business leaders, planners, educators, philanthropists, and the religious community so that together we can address the issue of poverty. We San Antonians care for one another, we are creative people who collectively and individually can contribute a great deal to our city's well being. The challenge is before us, let us stand together to face that challenge.

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Glossary

AFDC: Aid to Families with Dependent Children, or welfare, is the main income assistance program available to the poor.

affordable housing: Living quarters which consume no more than 30 percent of a household's income; includes rent or mortgage and utilities.

attrition rate: The projected percentage of students entering ninth grade who will not graduate from high school. The rate takes school transfers and moves from one district to another into account, and thus represents only students who do drop out.

birth rate: The percentage of total births born to a particular subset of women. For example, if out of 1,000 total births, 35 babies were born to women 16 and under, the birth rate for that age would be 3.5 percent.

$$35 / 1{,}000 = 3.5\%$$

dropout: A student absent from school for 30 or more consecutive days without approved excuse or documented transfer from the public secondary school (grades 7-12) in which the student is enrolled. Also, a student who fails to re-enroll during the first 30 consecutive school days in the following semester or school year without completing a high school program.

earned income tax credit: A tax program available to working families with children. Eligible families must earn less than a set limit, approximately $21,000 per family.

fertility rate: the number of live births per 1,000 women in a particular group. For example, if 3,000 girls 16 years of age and under live in a city and 60 of them give birth, the fertility rate of girls 16 and under would be 20.

$$60 / 3{,}000 \text{ X } 1{,}000 = 20$$

functional illiteracy: The inability to use basic reading, writing and computational skills in everyday life situations.

household: All people who occupy a housing unit—single families, persons living alone, two or more families living together, or any other group of related or unrelated people who share living arrangements.

housing unit: A house, apartment, group of rooms, or a single room, occupied or intended for occupancy as separate living quarters.

infant mortality: Death of an infant under one year of age. The rate is expressed per 1,000 live births.

low birthweight: Weight at birth less than 5.5 pounds or 2,500 grams. The rate is expressed per 100 live births.

low-income: Households with an annual income of less than $10,000. This term is often used when discussing housing because housing data often do not account for family size and the specific income levels used determine poverty status. The $10,000 level includes most poor households without covering households in the middle income level. (See **poverty**.)

low-income renters: Renter households with incomes below $10,000.

low-rent units: Living quarters for which rent and utilities equal less than 30 percent of a

$10,000 annual income, or less than $250 a month.

overcrowded housing: Living quarters containing more than one person per room.

poverty: The federal government has established poverty guidelines based on income and family size. The definition was developed in 1963, using data reflecting the cost of a nutritionally adequate diet in the first half of the 1950s. Poverty guidelines are adjusted annually for inflation, but do not account for other growing costs of living, such as health care and child care expenses. The poverty guidelines for 1991 are as follows:

Family Size	Annual Income*
1	$6,620
2	8,880
3	11,140
4	13,400
5	15,660
6	17,820
7	20,180
8	22,440

* Must earn no more than this amount. For family units with more than eight members, add $2,260 for each additional member.

pregnancy rate: The number of actual births, miscarriages and abortions per 1,000 women.

prenatal care: Medical attention and supervision received by expecting mothers. Prenatal care is considered late when the mother first receives it following the first three months of pregnancy.

Stewart B. McKinney Homeless Assistance Act: Passed in 1988, this federal legislation encompasses more than 20 programs which provide emergency food, shelter and health care for the homeless, and provisions remove educational barriers to homeless children.

substandard housing: As defined by the U.S. Bureau of the Census and the U.S. Department of Housing and Urban Development, living quarters with one or more of several physical problems—lack of complete plumbing; unreliable heating; no electricity; exposed wiring; and basic maintenance problems such as water leaks, holes, peeling paint or evidence of rats.

U.S. Department of Housing and Urban Development (HUD): The federal agency with responsibility regarding the availability and condition of low- and moderate-income households. The agency makes such residences available in several ways, most notably through public housing developments and through vouchers allowing qualifying families to live in private residences at subsidized rates.

WIC: The Supplemental Food Program for Women, Infants and Children. This program provides basic nutritional staples such as milk, fruit and bread to poor women expecting a child, and to the women and their infants following birth.

Partnership for Hope
3737 Broadway, Suite 100
San Antonio, TX 78209

(512) 826-HOPE
FAX: (512) 826-3774

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